Clinical Lectures
ON
DISEASES OF THE URINARY ORGANS.

Delivered at University College Hospital.

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LECTURE VII.

STONE IN THE BLADDER.

GENTLEMEN,—I wish to give you to-day a sketch in outline, embracing all the principal points, if I can, of a very large and important subject—viz., stone in the bladder of the adult male. I shall say little about stone in children, and nothing about stone in women.

First of all, in what classes of cases is stone most common? Contrary to what is stated in books on the subject, it is most common in individuals from fifty to seventy. In books you will find it stated to be most common in children. Perhaps it is so if you take the number of cases in children as compared with the number of cases in elderly adults, but not if you take the individuals of either class relatively to the numbers of that class living at the time.

Next, what is the ordinary history of stone? We know well, of course, that the appearance of a stone of some size in the bladder is not the first stage of the malady. The stone begins always—I am now speaking of uric acid—as fine sand or gravel, to use popular terms: that is to say, there is an excess of urates, which, perhaps, steadily persists; then, possibly, of uric acid, in characteristic cayenne-pepper-like masses of crystals; then there are small rounded bodies of this latter aggregated within the kidney, about the size of shot, or somewhat larger, of which you have very good specimens here. An acid calculus, then, is always formed within the kidney; and it is a fortunate thing if it descends into the bladder, because sometimes it is retained in the kidney, and, as renal calculus, becomes the source of great misery, for which surgery can do little, although medicine may be of some small service. But if it comes down into the bladder, it is usually passed—say in nine cases out of ten—without any operation whatever. The patient has an attack of severe pain in the back, over the hip, in the groin and testicle, lasting for some hours, and it probably ends in the descent of the calculus from the kidney to the bladder. When it gets there, after a day or two, or before, it is generally expelled by the urine, and there is an end of the matter; only the patient must be told, or ought to know, that this occurrence shows a strong proclivity towards the formation of stone, and he should immediately do all he can to prevent its continuing, as in the nature of things it will do. But if the bladder is unable to expel the calculus, it soon increases in size by deposit on its surface of acid from the urine, and a very hard but rather brittle stone is formed in the course of time. All the stones which you see in this box have been passed through the urethra by the natural efforts; and it is worth knowing how large a stone may be so passed in some cases. Usually, when they get as large as some of these, they fail to pass, and then some operation must be performed for their removal.

The phosphatic calculus is not necessarily formed in the kidney; it is so sometimes, but usually it is formed in the bladder. In the mucus of a diseased bladder a good deal of phosphate of lime is formed, and this, meeting with ammonia from the decomposed urine, produces the ammoniaco-magnesian phosphate. This, with the phosphate of lime, makes "fusible calculus," the commonest form met with. Its structure is not dense, and it is easily crushed. The oxalate-of-lime, or mulberry calculus, I need not tell you is not originally formed in the bladder, but in the kidney, and it is the hardest in structure and the roughest in external surface of all.

Now, what are the symptoms of stone? These we will seek, if you please, by means of the four questions always to be used. A patient tells you, perhaps, that he has passed some gravel for a year or two, and may show you some small stones which he has passed. For the last few months, perhaps, he has not seen any; but, during that period, has had increasing difficulty in passing his water, a circumstance which will strongly excite your suspicion. First, as to frequency of micturition. The patient has for some time had more or less frequency, but it is increased during the day when moving about, and decreased at night, when he is at rest. This is contrary to what usually takes place in prostatic enlargement, and hence it is a good diagnostic point.

You next ask for pain. The patient with calculus of the bladder has always pain, and this is referred to a particular spot, the lower part of the glans penis, about an inch or less from the external meatus. Remember, you may have that pain when there is no stone in the bladder, as in chronic prostatitis and in some affections of the bladder; but in stone it is almost always present. Further, with regard to pain, the question should be asked, whether the patient feels it before, during, or after, making water. He will tell you that it is during and after; whereas you know in hypertrophied prostate, and in all cases in which water is retained, the pain is before passing water, and it is relieved by the act. A man with stone feels pain after making water because the foreign body is then left in contact with the lining of the bladder, and being driven to its neck, severe pain and a sense of desire to micturate are felt, perhaps for four or five minutes, until fresh urine entering, the coats of the bladder are separated from the stone.

Then you ask him the condition of the urine. In nine cases out of ten you find that there is muco-pus, and also perhaps streaks of blood. There is almost always more or less clouded or muco-purulent urine with calculus.

Then, lastly, you ask him with regard to blood. Almost invariably at some time blood has passed, and it is increased by movement. A patient with calculus suffers more pain, and has more bleeding, and the urine becomes more thick, if he takes much exercise. He cannot ride on horseback, nor in a jolting vehicle without considerable pain; in fact, all quick movements of the body intensify the symptoms. Certainly a patient presenting such conditions ought not to be allowed to go without sounding.

Then, how do you sound? You should employ an instrument like this, with a small, short, curved beak, because it can be turned in any direction. If you take an instrument with a large curve, like a catheter, you are unable to rotate it in the bladder, and hence it does not explore sufficiently.

When I entered this room I asked for the hospital sounds, for I knew I should find among them a good example of what a sound ought *not* to be. Here is one, for example, which no one could rotate, or ever find a small stone behind an enlarged prostate with, except by sheer accident. You will say, naturally enough, "Why are such sounds here, and who has used them?" They were used formerly, and found a good many stones, too, in the hands of our illustrious predecessors. But I will answer for it, they have missed a good many stones also; and this is precisely what I want you not to do. I have no hesitation whatever in saying that more stones are missed in sounding than are found, by the ordinary methods adopted in this country; and that must be the case if a sound of the form of the common catheter is relied on for the purpose. [Diagram.] But with an instrument which has this small beak at the end of it, you can search in every direction. If there is a large stone, of course you can find it with anything; but our great object is to find the small stones. Anybody can find a big stone; the art consists in finding a small one. It is more important to find a small stone, because it will grow large, and may be very formidable to deal with; whereas, when it is small, it is a far less formidable matter. You may promise the patient, in the case of a small stone, that it may be removed without risking his life; whereas, in the case of a large stone, there is always some risk, often considerable danger.

But you have something else to do besides merely discovering the presence of stone. It is necessary to have other particulars respecting it, because the nature of the operation to be performed will depend on them. First of all, it is essential to know what the size of the stone is before you decide on what you will do with it. From the note elicited by merely striking it you can get some indication of its size. It is often sufficient for practical purposes to use a sound (which I have long used myself, and have recently introduced) provided with a little slide on the shaft, which by proper manipulation enables you to ascertain very nearly the size of a stone, as you have frequently seen in the wards.

Then there is another way. You may introduce a lithotrite (which gives, however, a little more disturbance to the patient)

and seize the stone in two or three directions, so as to ascertain its diameters.

At the same time you ascertain its nature. A phosphatic stone gives a very different sound from the others. The specimen before me is dry, and therefore will not give the sound to which I refer. When wet, it is spongy and soft, with a rough surface, and always gives a dull note when struck; whereas the uric-acid stone gives a hard ring. Then you will judge partly by the condition of the urine. If the urine is acid, and if, also, uric acid is thrown down, you may conclude that the patient has a uric-acid stone. If so, it is likely he has passed small calculi before. If the urine is very alkaline and there is a great deal of phosphatic matter, you may conclude that it is a phosphatic stone, or, at all events, it is covered with phosphates.

The number of stones is the next thing. Usually there is only one stone, but occasionally there are more. There is a patient here, whom I shall lithotrise to-morrow, who has two rather large uric-acid stones in the bladder. The way to determine that point is this: Having seized one in the lithotrite, you move it gently in every direction as a sound for others. If then you encounter one on one side and one on the other, you know that there must be at least three stones.

I have spoken of uric-acid and of phosphatic calculi. But it may happen that you have an oxalate-of-lime stone—a very important thing to ascertain. You examine the urine, and see if there is much oxalate of lime thrown down. The patient may have passed a small mass of oxalate of lime before, and you may infer that an oxalate-of-lime calculus exists now; but then it may be covered up with phosphates, and so deceive you.

Having got all these data, the next important question is, what are you to do? Are you to cut, or to crush? You know there are only two modes of removing the stone. You must either make an opening sufficiently large to admit of its withdrawal, or you must crush the stone into very small fragments, so that they may be expelled by the natural passage. It was less important to make a diagnosis of all these points when we had but one operation—namely, that of cutting. Formerly, whether the stone was large or small, the patient was always cut. There was no other way of removing it. Now that we have two operations, it is very important that we should choose the right one, because, let me tell you, if you do not determine pretty accurately the characters of the stone, and select the right operation, you may do more harm than if you cut every patient. If you crush the very large stone, and cut for the very small one, you will have greater mortality than if you simply resorted to the one operation of cutting in all cases. When lithotrity was first introduced, it was rather a clumsy operation; and when the cases were not judiciously selected, when surgeons crushed without making a diagnosis of all these points—crushed stones that ought really to have been cut, and left for cutting stones which might have been crushed,—the entire mortality resulting from operations for stone was greater than previously, when every case was cut. I cannot give you a stronger argument for the necessity of apportioning the operations judiciously.

Now, without taking up your time too much, I will lay down what you will understand to be the axioms which should direct you, in a general way, in making your selection. First of all, I will say that all stones, under puberty, with very few exceptions, are to be cut. Under fourteen or fifteen years of age, stones occurring in the male are to be cut, unless they are very small, and can be crushed, say, in one operation; because lithotrity is not a very easy or successful operation in children, the urethra being small and the bladder very irritable; whereas, as is well known, lithotomy is a very successful operation in these cases. We do not want a better operation, comparatively speaking, and one may be content to let well alone. Not more than one death in fifteen or sixteen cases occurs from lithotomy in children. I do not think, therefore, we can do better than to cut in these cases, as a rule.

That leaves us all the cases above puberty. Then I will say, in general terms, that all the cases above puberty are to be crushed, with certain rare exceptions. The first exception is in a case of an oxalate-of-lime calculus, which is, let us say, an inch in diameter. Under an inch in diameter you may crush an oxalate-of-lime calculus. I have crushed four or five in my time. The cases are very rare. Two of them were in this hospital. An oxalate-of-lime stone, from the size of a bean up to an inch in diameter, can usually be crushed; above that size no instrument can deal with it, and the fragments will be so hard that the operation might be of doubtful value, even if we succeeded in crushing. That, then, is the first exception to the general law that all cases in adults are to be crushed.

Secondly, a large stone of uric acid, or a phosphatic stone of *very large size*, had generally better be cut than crushed. Mechanically speaking, it is possible to crush any stone, whether uric or phosphatic; but, considering the number of sittings required, and the amount of irritation produced, the single operation of cutting will be the better of the two when the stone is, shall I say, full two inches in diameter. A stone which is two inches in diameter, either phosphatic or uric acid, had perhaps better be cut. No doubt a rather larger phosphatic stone may be crushed. Here is a very large one, two ounces and a half in weight. The phosphatic stone is very friable, and you may deal with rather larger phosphatic stones than uric-acid stones by lithotrity. So much for the exceptions to cutting, regarding the characters of the *stone* itself.

Now what are the conditions on the part of the *organs* which will make it necessary for you to cut instead of crush? If you have a bad stricture of the urethra you cannot crush; if you have a very highly diseased condition of the bladder probably you cannot crush: but the exceptions are very few indeed. First of all I will tell you what are not exceptions, but which are stated to be so in books, and are generally considered as exceptions; because lithotrity has advanced since the time of most books. I have recently crushed a uric-acid stone in a case of organic stricture with small instruments made for the purpose; but the stricture was not a very narrow one. Hypertrophy of the prostate was said to be an exception: it was said that you could not crush under those circumstances. I make no difference whatever in respect of that matter; I would as soon crush in the case of hypertrophied prostate as in any other. It is only a question of delicate manipulation. If the hypertrophied prostate occurs in a man who has had instruments passed, he will have become habituated to them, and is therefore a better subject than a healthy one who has not been so accustomed. Next, it was said that when the bladder could not empty its contents by its own power, and the urine had to be drawn off by means of a catheter, lithotrity was contraindicated, inasmuch as the fragments could not be passed. On the contrary, I rather prefer such a case, for the reason just assigned—that is, the bladder and the urethra are habituated to instruments; and as to not removing the fragments, there is no difficulty at all in removing the very last fragment, thanks to the improved methods now employed. It was said also that great irritability of the bladder was a reason why we could not crush. It was said that if the bladder could not hold above three or four or five ounces of urine there would be no room for the lithotrite to work, and therefore the surgeon must cut. I make no objection on that ground, because the irritation of the bladder is due to the presence of stone; and as soon as you begin to get away the stone the irritation diminishes. Besides, it is not necessary to have four ounces of water in the bladder: one ounce is ample. There is no occasion to have four or five ounces in order to perform the operation of lithotrity. It might have been so with the old, clumsy instrument; but with modern instruments there is no necessity to protect the bladder from contact with them. When instruments were used that were apt to catch the coats of the bladder it was no doubt desirable to have a quantity of water in the bladder; but with modern instruments, which will not lay hold of the coats of the bladder, there is no difficulty whatever in crushing with a single ounce of water. I do not care whether the bladder is empty or contains a large quantity of water, provided only that it is not too full. Nothing is worse than too much water, because the stone rolls about, and you must, figuratively speaking, play a game of hide-and-seek to catch it. It is better to have an empty bladder than a bladder with half a pint of water in it.

You see then that the exceptions are very few; indeed there are very few adult cases which cannot be crushed, provided you give proper care and attention. If the present generation of surgeons now growing up, progress, as they must, and become more intelligent and more careful than those who have gone before—if they are better acquainted with the subject, as they must in the nature of things be, as our sons will be wiser than ourselves, and our grandsons wiser than they,—there will be fewer and fewer exceptions; because if the stone is discovered when sufficiently small, *it can always be crushed with an almost certain chance of success;* so that lithotomy must at some day disappear, except for cases which have been strangely neglected by the patients themselves, or have been overlooked by the medical attendant.

Next week I shall place two stone patients on this table, and demonstrate the operation of lithotrity for you here in my lecture on that subject.

ON THE

TREATMENT OF ULCER OF THE STOMACH.

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THE potent influence of rest in the treatment of disease has only recently received that scientific consideration to which it is so specially entitled. Its efficacy as a therapeutic agent has been recognised mainly in the surgical domain of practice, or in the treatment of the diseased condition of parts endowed with functions which admit of a break in the continuity of their action without disturbance to the system at large. In Professor Hilton's eloquent Lectures, numerous convincing examples are advanced of the good results obtained by the application of mechanical and physiological rest to the treatment of many surgical maladies, and instances are not wanting to indicate its value in the management of cases more especially medical. The influence of this agent in the hands of the physician is, however, necessarily limited by the very nature of the functions of those viscera whose disorders he is called upon to treat. For in the present state of our knowledge the cessation of function in many of the internal organs means death, so intimately is the continuity of their action connected with the maintenance of life. The failing heart and the worn-out lungs can know no break in the life-long circle of their toil; for as their continuous action means life, so their repose means death. Nevertheless, even in diseases connected with the functions of circulation and respiration, the influence of rest is not wholly excluded, but, on the contrary, forms in the present day an element of no small importance in our treatment. For although absolute rest, even for a short time, cannot be afforded to these organs, yet by diminishing the amount of their labour, and by removing the obstacles to normal action, we gain for them comparative, or, as it may be called, *partial* rest. In maladies of the nervous system, and in those of some of the excreting glands, no small part of our success would be lost were this weapon taken from our armoury; but it is more especially in diseases of the stomach, an organ for which we can obtain *complete* rest, that we find the greatest triumph is reserved for this therapeutic agent. This, to a certain extent, has been long recognised, and partial rest for disordered digestion has formed the basis of treatment in the hands of all masters of our art.

The stomach, when seriously affected, teaches this lesson by its own acts, for in the pain caused by the ingesta, and in their rapid rejection, we have an unmistakable negative returned to the too officious efforts to restore health by the stimulus of food, when the soothing influence of rest is alone required. That the application of this remedy to the management of stomach diseases should have been early noticed is not surprising, considering that the indications are so evident, and the good results so rapidly follow its use. But it is surprising that rest should have been generally administered in serious organic diseases in such sparing quantities, such infinitesimal doses, at once too partial in its nature and too brief in its duration. For some years past the value of a treatment which affords *complete* rest to the stomach in its serious disorders has been increasing in my estimation, and the application of the plan to the treatment of ulcer of the stomach and to many other lesions of the viscus has strongly confirmed my opinion. The nature of the digestive act is undoubtedly the great obstacle to repair in gastric ulcer. But nevertheless authors have contented themselves with enjoining only that partial rest for the stomach which a limited diet affords. There is abundant evidence that this mode of treatment is in many cases efficacious, and the case of Béclard may be well cited in its favour. That distinguished anatomist recognised clearly the necessity of rest, as complete as possible for the organ, and in treating himself for this affection, limited his diet to such a degree that it barely sufficed to support life. His almost total abstinence met its reward in the cure of his disease, and at his death the necropsy revealed the cicatrix of an old ulcer. By far the greater number of cases attending at our dispensaries and hospitals as out-patients are necessarily treated in this way, and thus week after week, and month after month, the wearing pain and the half starvation have to be endured, till a gradual recovery, too often with shattered health, is obtained, or, as often happens, the sudden gush of blood from an ulcerated vessel, or the rapid collapse of perforation, closes the tedious case.

On the other hand, with the in-patients in our charities, and with all who can obtain good nursing, we have, in the judicious combination of *partial* and *complete* rest, the best means of ensuring a speedy recovery. During the first stage of the treatment the patient should be kept strictly to the recumbent posture, all food or drink by the mouth entirely forbidden, and nutritive enemata frequently administered; thus we procure for the stomach a long rest from all mechanical irritation, and from all physiological action. In the second stage, by a carefully regulated diet we should afford that *partial* rest necessary to perfect the cicatrisation, and to accustom the new tissue to the stimulus of the digestive act. The indications which we have to fulfil in the treatment of ulcer of the stomach are two—first, to promote the healing of the ulcer, and secondly, to alleviate the symptoms. By giving the viscus *complete* rest, from all physiological action, from all mechanical irritation, we remove the great impediments to the healing process, which consist in (1) the movements of the stomach consequent on the ingestion of food, and (2) in the mechanical and chemical irritation of the ulcerated surface produced by the food and gastric juice. The second indication is also fulfilled, for the pain and vomiting cease, and the hæmorrhage seldom if ever returns; while the patient, placed in the conditions for causing the least possible tissue-waste, is fairly nourished, and in many cases even strengthened, by the use of suitable nutritive enemata. In my hands this treatment has succeeded so well that I have every confidence in describing it as at once the most easy, the most rapid, and the most efficacious. In some twelve cases of gastric ulcer, and in several cases of ulceration from the action of corrosive fluids, as well as in other grave disorders of the digestive functions, I have obtained from it the most satisfactory results. The two following cases will serve to illustrate my mode of treatment.

CASE 1.—J. H——, aged twenty, married, was admitted into the Queen's Hospital on June 20th, 1865.

History.—She has never been very strong, and has frequently suffered from attacks of indigestion. She was married at sixteen, has had one child, and has miscarried once. Before marriage she worked as a packer in a warehouse, and afterwards she was at a confectioner's, where the work was very heavy. Since her marriage she has not had much hard work, and has enjoyed improved health, especially whilst suckling. For the last twelve or thirteen months her health has been indifferent, and about four months back she was seized with severe pain in the epigastrium accompanied by headache and vomiting. For several months her food was frequently rejected, and about one month before her admission she vomited several ounces of blood, and passed about the same time several black, tar-like stools. The hæmatemesis recurred from time to time with the rejection of food; sometimes merely a streak or two, at other times several ounces of blood being expelled. The catamenia have recurred at the proper intervals during her illness, but she has had a leucorrhœal discharge. Her bowels have lately been confined, and she has occasionally been annoyed by hæmorrhoids.

State on admission.—She wears an anxious expression; face pale; lips anæmic. She complains of severe pain over the stomach, sometimes of a dull and burning character, at other times acute and lancinating. Appetite bad; and she fears to take food, as it intensifies the pain. The pain is referred to a spot immediately below the ensiform cartilage, where the tenderness on pressure is very marked, but limited to a spot about the size of half-a-crown. Shooting pains extend now and then from this centre all over the epigastric region, especially after food, when the pain is most severe, and is only relieved by vomiting. The tongue is moist, and covered with a whitish fur; urine healthy; liver and spleen normal in size. The examination of the chest detected no abnormality in the lungs; but an anæmic bruit was heard at the base of the heart, and along the great vessels. She was ordered to keep strictly to the recumbent posture; to have no food or drink by the mouth, except three ounces of milk mixed with half the quantity of lime-water, to be taken to moisten the mouth during the day; an enema of warm water to clear the lower bowels; and afterwards five nutritive enemata daily, of three ounces each, three to be composed of strong unsalted beef-tea, and two of milk and yelk of egg, with ten minims of tincture of opium in each. Ice to moisten the mouth.

On the following day (June 21st), the nurse having reported that the milk and lime-water were rejected as soon as taken,

they were discontinued. The pain in the stomach a little better, as is also the headache. The tongue slightly furred.

June 23rd.—No sickness since all food by the mouth has been stopped. Tongue less furred; pain in the stomach less. The patient is not anxious, and admits that she feels better. The enemata have been retained very fairly, only one having been returned.

24th.—The patient feels better, but very weak; the pain nearly gone; the tenderness on pressure much diminished. She has a headache, and feels very thirsty. The tongue red and rather dry. The rectum slightly irritable, a portion of the enemata having returned with some fæces three times on the day before. Pulse 84.

26th.—Complains of headache and slight nausea. Pain in the stomach much less. Pulse 60; bowels irritable. Ordered twenty minims of tincture of opium, with three of the enemata.

29th.—Has improved daily since the last note. The irritability of the rectum has been checked by the tincture of opium. She has felt no nausea or pain; pressure over the stomach now elicits scarcely any sign of tenderness; headache much better; tongue red, dry, and furred at the edges; says she feels very weak, and desires to eat. Ordered milk and lime-water, of each half an ounce, every two hours, and only three injections daily.

30th.—Much better; tongue clean. The milk has caused neither pain nor sickness. Ordered milk thickened with a little corn-flour, and to discontinue the enemata after July 1st, and then to take one ounce of fried sole for dinner. Pulse 84, feeble.

July 4th.—Much improved; tongue clean and moist; pulse 80, stronger. She has taken milk with corn-flour and arrow-root, also the fish, without any pain or uneasiness in the stomach. Ordered a small piece of chicken for dinner.

5th.—To take the following twice daily:—Iron and citrate of quinia, four grains; infusion of calumba, one ounce.

10th.—The patient is up, and walking about the ward; feels no pain after eating; enjoys her food, and has a good appetite; tongue clean; pulse 80; no tenderness on pressure over the stomach. At this time she was fit for discharge as far as the gastric symptoms were concerned; but she was kept in the hospital a fortnight longer on account of the anæmia, which gradually disappeared, and with it the murmur at the base of the heart.

She showed herself once a month for several months after her discharge, and on all occasions she was healthy and free from all gastric symptoms.

CASE 2.—J. J——, aged twenty-two, dressmaker, was admitted on March 4th, 1866, into the Queen's Hospital.

History.—About one month before her admission she applied as an out-patient, stating that she suffered very much from indigestion and a severe pain in the stomach, increased by taking food; she had occasionally vomited blood with her food. These symptoms began, she said, about eighteen months previously, and increased in intensity up to the time of her appearance at the hospital. Before this illness she had always had good health. She was ordered some powders containing bismuth and powdered opium, and had full directions given her concerning her diet. She was also told to return immediately to the hospital if the vomiting of blood recurred. The hæmatemesis having again appeared on March 20th after a rather full meal, she was admitted on March 22nd.

March 23rd.—Her face is pale and slightly puffy; tongue flabby and slightly furred. She complains of slight headache, and of pain in the stomach and constant sickness. The pain comes on chiefly after eating; it shoots over the stomach, and is also felt very badly in one spot posteriorly in the left vertebral groove. She is afraid to eat on account of vomiting. The stomach will not even retain milk in very minute quantities. On examination, the pain is found to be situated just below the ensiform cartilage, and to the left side of the middle line. The area of tenderness on pressure is about the size of a half-crown. Pulse 70, weak and small. Heart-sounds normal. Lungs healthy. Liver and splenic dulness natural. Urinary organs healthy. Temperature normal. Ordered to take no food or drink by the mouth; to have, every four hours, an enema composed alternately of milk with yelk of egg, and strong unsalted beef-tea, with fifteen minims of tincture of opium added to each; to be kept strictly to the recumbent posture; and to have her mouth frequently moistened with water by the nurse.

25th.—The pain in the stomach is still felt, but not so badly. The sickness has altogether ceased. Tongue cleaner and drier; pulse 80. The treatment has been strictly followed, and the enemata have been retained.

26th.—No sickness or feeling of nausea; the pain much better, but the epigastric region as defined above still tender on pressure. Pain in the back better. She feels low, and very hungry. Tongue dry and slightly furred. Her bowels were moved twice yesterday, but not till two hours after enemata. Pulse 68, weak and compressible. Injections to be continued, with ten grains of pepsine added to each.

28th.—Much easier in the stomach; tenderness less. The pepsine has, however, irritated the bowel, and caused the speedy rejection of the enemata. Slight pain has also been felt along the sigmoid flexure. The pepsine ordered to be omitted, and enemata of milk and egg, with twenty-five minims of tincture of opium in each, to be given. Pulse 58, weak.

29th.—She feels much better. No pain in the stomach or back, and scarcely any tenderness on pressure. Tongue furred and dry; pulse 68, stronger. The enemata have been well retained, and the tenderness in the course of the lower bowel has diminished. Ordered half an ounce of milk every two hours, and two injections daily.

31st.—The milk has been retained, and caused no pain or uneasiness. Tongue moist, and less furred. The milk to be thickened with corn-flour.

April 1st.—The milk has caused no pain or sickness. Tongue clean. Scarcely any pain on pressure over the stomach. The milk and corn-flour to be continued.

2nd.—Tongue slightly furred, but she has had no pain in her stomach, and has enjoyed her food. The enemata, having irritated the bowels slightly, were ordered to be discontinued, and warm poultices to be applied over the lower part of the abdomen. One ounce of uncooked mutton, chopped very fine, to be given in three portions during the day; also two ounces of sherry.

3rd.—Very much improved. The meat has agreed very well. Ordered to continue it in gradually increasing quantities.

5th.—Much improved; tongue clean; no pain or sickness after food; no pain on pressure; appetite good. The patient expresses herself as almost well. Ordered a little of the breast of a chicken, with bread and two ounces of sherry.

10th.—Discharged as quite well. She was directed to be very careful in her diet for a week or so, and to return most gradually to her ordinary food. She came to the hospital several times after her discharge, and was quite free from all her former dyspeptic symptoms, and had returned with pleasure to her ordinary habits of life.

The foregoing notes contain a fair description of the management of all the cases of ulcer of the stomach which I have treated for some three years past in the Queen's Hospital.

As I have previously described it at length,* I need not dilate now on the treatment, which resolves itself, in all cases, into two periods, the first of which we may call the stage of *absolute* or *complete* rest, the second that of *partial* rest. The first may last from three to ten days, or even longer; and during this time the nutritive enemata must be solely relied upon for the support of the patient. No food and no fluid must enter the stomach. In the second stage, the nutritive enemata may be continued for a day or two, while the most scrupulous care is exercised in the choice of food, and the most rigorous supervision given to its administration. The addition of the tincture of opium to the injections from the very beginning is advantageous, not only on account of the beneficial action of the drug on the system, but more especially on account of its soothing effect on the rectum. Irritation of the bowel is generally prevented by its use, and when it does occur, is nearly always checked by an increased dose. This is a fact of great importance where the nourishment of the patient wholly depends on the adaptibility of the bowel to its novel office.

The pepsine added to the injection in one of the cases caused, as is reported, considerable irritation of the bowel; and I have since found the same effects following its use. The addition was made as an attempt to apply a suggestion which appeared in a very able review† of a former paper of mine on this subject. In the article referred to, Dr. P. Sonsino proposed the use of enemata composed of artificially digested food. The use of the pepsine was a rough attempt to utilise his thought. Its ill success, however, by no means diminishes the value of the suggestion; and I hope soon to report the success of a

* *Vide* Dublin Quarterly Journal, May, 1864: "Clinical Observations on Diseases of the Stomach" (Cornish Bros., Birmingham, 1864.)
Lecture on the Treatment of Gastric Ulcer (Brit. Med. Jour., June 3rd, 1865).

† *Vide* L'Imparziale, Nov. 15th, 1865.

more elaborate attempt to carry out Dr. Sonsino's valuable proposal. The researches of Mr. Savory* in this country, and the more recent experiments of M. Demarquay† in France, teach us how great is the absorptive power of the rectum. In all cases in which the stomach refuses to act, or in which rest is likely to benefit the viscus, it is, I submit, our duty to utilise this power. We find this mode of treatment a powerful aid in combating many morbid conditions other than ulcer of the stomach; and, in illustration, I may specially mention the uncontrollable vomiting which so often accompanies pregnancy.

My friend Mr. Baines, of this town, has recently sent me the notes of two cases in which he adopted the treatment by *complete* rest with the best results after all the usual remedies had failed. In one case the patient was fed in this manner for more than four weeks. In many cases, now unfortunately matters of history, the same judicious management would, I believe, have proved equally efficacious. It has been often remarked to me, that the treatment of ulcer of the stomach and other conditions by this plan, which I have recommended, can never become general on account of its indelicacy. For my own part, I have always found patients suffering from ulcer of the stomach too happy to find any means of escaping from the agonising pain to think for a moment of such an objection, and, when haemorrhage in any quantity has once occurred, too eager to grasp at any hope of cure. False delicacy soon kicks the beam when the love of life is placed in the opposite scale.

Birmingham, April, 1868.

ON

CHANCRES IN ADULTS AND CHILDREN, ATTACKING UNUSUAL POSITIONS, ASSOCIATED WITH SYPHILIS.

BY THOMAS BRYANT, F.R.C.S.,
ASSISTANT-SURGEON TO GUY'S HOSPITAL.

THE records of cases which differ from the ordinary run of recognised disease are always of interest, and for diagnostic purposes cannot be too closely studied. In syphilitic affections it cannot be too well known that chancres of every form may be found in parts far distant from the genital organs, and that they may be produced in very different ways from the common kind of venereal affections. In a diagnostic point of view, it is a matter of considerable importance that these facts should be recognised; and as a contribution to the clinical aspect of the question, the following cases may not be without interest.

The cases are arranged in order. The first are those of chancres as attacking adults; the last as affecting children.

CASE 1. *Chancre of the upper lip, with constitutional syphilis.*—Annie T——, aged twenty-two, a single woman, came under my care at Guy's Hospital on Sept. 13th, 1858, with a chancre on her upper lip of three months' standing. It was the size of a sixpence, and very indurated. For two months she had suffered from sore-throat, and had the staining of the skin which follows a specific eruption. A gland beneath the jaw was also indurated. Under the influence of iodide of potassium she rapidly convalesced.

CASE 2. *Chancre of the upper lip and specific lichen.*—Amelia W——, aged twenty-one, a single woman, came under my care at Guy's Hospital in May, 1860, with a chancre on her upper lip of six weeks' duration. It had commenced as a fissure, and gradually spread. When seen it was as large as a sixpence. For two weeks she had also suffered from a papular eruption all over her body (specific lichen). Some Plummer's pill was given at night, and tonic mixture during the day, and in six weeks she was discharged cured.

CASE 3. *Chancre of the lower lip, sore-throat, maculæ, and indurated glands.*—John H——, aged thirty, came under my care at Guy's Hospital, April 29th, 1861, with a chancre on his lower lip of one month's duration, sore-throat, and indurated submaxillary glands. Some specific maculæ also appeared over his body when under treatment. He rapidly convalesced under the influence of the iodide of potassium.

CASE 4. *Chancre on lower lip; specific maculæ and indurated glands.*—Emma F——, aged twenty-two, came under my care in January, 1862, with a chancre on her lower lip, maculæ over the face and body, and indurated submaxillary glands. The chancre had existed eight weeks; the other symptoms about six. A grain of iodide of mercury was given every night, and three grains of iodide of potassium with cinchona three times a day. In about two months she was convalescent.

CASE 5. *Chancre at the corner of the mouth; no constitutional symptoms; inflamed submaxillary glands.*—Ann L——, aged seventeen, came under my care at Guy's Hospital on the 11th of July, 1864, with a soft chancre at the corner of her mouth, of three weeks' duration, and inflamed submaxillary glands. Under tonic treatment the sore healed and the inflamed glands subsided, the patient leaving the hospital cured in about one month.

In none of the cases just related could any history be obtained as to the means by which the lips became inoculated with the disease; and in none of the examples in which the chancre occurred in women was there any evidence of any vaginal affection. In the single male example the penis was clean.

CASE 6. *Chancre on the forearm; constitutional syphilis.*—A man came to me in November, 1866, with an indurated chancre on his left forearm, the size of a shilling, of six weeks' standing. When under observation a specific lichen came out all over his face and body. He had no disease on his penis, nor was he able to account for the chancre on his forearm. By taking quinine with the iodide of potassium all his symptoms disappeared.

CASE 7. *Chancre on the nipple; constitutional symptoms.*—In 1865 a girl aged nineteen came to me with an undoubted chancre of the nipple, which had existed a month; in another month specific maculæ appeared over the body, with sore-throat. She had no vaginal disease of any kind; but she admitted that her "young man," who had an eruption on his face and hands, had manipulated her breast and had kissed it. Under treatment with iodide of potassium and bark she convalesced.

CASE 8. *Chancre on the fingers; specific lichen; recovery.*—Nathaniel S——, aged twenty-five, a labourer, came under my care, at Guy's Hospital, on Sept. 15th, 1864, with three chancres on the tips of three fingers of the right hand of three months' duration. He had also a specific lichen all over his body of six weeks' standing. His penis was free from disease. He had grazed his fingers at his work a few days before the sores appeared, and had "fingered women." By the use of iodide of potassium and bark he rapidly recovered.

CASE 9. *Chancre on the cheek, specific maculæ, and sore-throat, following a scratch from a man who was suffering from syphilis.*—William H——, aged twenty-two, came to me, at Guy's Hospital, on Nov. 17th, 1866, with a large chancre on his left cheek, with an indurated base of nine weeks' duration. It appeared after a scratch he had received from a fellow-labourer who had syphilis. The cervical glands in the left side were much indurated. On the 15th of December maculæ appeared over his face and body, and sore-throat soon manifested itself. With quinine and iodide of potassium all the symptoms subsided. On the 4th of February the chancre had healed; and by the 18th of March every other symptom had disappeared.

CASE 10. *Chancre of the lip in a boy; constitutional syphilis.*—Thomas J——, aged seven years, a healthy lad, was brought to me, at Guy's Hospital, on Feb. 14th, 1867, with a chancre on his lower lip of three weeks' duration. He was presented by his father, who had been under my care some years previously with a tubercular syphilitic disease of the face and body after a chancre which he had contracted some months before. Three years ago, also, he had again been under my care for a syphilitic cellular membranous ulcer on the leg. When he came with his son his tongue was slightly affected with disease. Specific tubercles and scales subsequently appeared over the boy's face and body. Under the iodide of potassium the boy is now well. The father stated that he was very fond of his boy, and was constantly kissing him. It is probable that it was by such means that the disease had been conveyed.

CASES 11, 12. *Syphilis in two children of the same family; father and mother healthy.*—David G——, aged seven, came under my care on March 15th, 1866, with a specific tubercular eruption about the scrotum and thighs, also about the neck. It

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* *Vide* THE LANCET, 1863.
† *Vide* L'Union Médicale, Jan. 3rd, 1867.

had been coming on for several months. This boy had slept with his uncle, a young man of eighteen, who had a like eruption.

Sarah G——, the sister of the above, was also brought to me the following week with specific tubercles about the buttock and condylomata of four months' duration.

The father and mother of these children were quite healthy. Under treatment both these cases recovered. The iodide of potassium in some tonic mixture was the medicine employed.

CASE 13. *Syphilis in a child, aged four.*—Henry F——, aged four, was brought to me on August 19th, 1858, with a tubercular and scaly eruption over his body and face, of three months' duration. The mouth and anus were also the seat of ulcerating condylomata. No history of syphilis could be obtained from the parents. Mercury with chalk, one grain, and dried soda, four grains, were ordered twice a day. By Sept. 5th the ulcers at the anus and mouth had healed, and the eruption was fading. All symptoms had disappeared by the 25th.

CASES 14, 15. *Syphilis in a child, aged seven years, with chancre on lip; also a brother of the above, aged ten months.*—Walter B——, aged seven, was brought to me on March 21st, 1858, with an indurated chancre on the lower lip of five weeks' standing, and a scaly eruption all over the body. Under treatment recovery took place.

A brother of the above, aged *ten months*, was also brought to me at the same time with a specific eruption over the body.

The parents had lost one child two years previously at the age of six months with a skin eruption. The father had had syphilis before marriage. The mother had never had any symptoms of disease.

Finsbury-square, March, 1868.

ON IMPROVED METHODS OF EXTRACTION OF CATARACT.

BY J. R. WOLFE, M.D., F.R.C.S. EDIN.,
OPHTHALMIC SURGEON TO THE ABERDEEN ROYAL INFIRMARY.

No. II.

IN submitting an outline of the progress and development of the operation of extraction of cataract, I cannot avoid touching, though briefly, on the other two methods of removing the lens from the axis of vision—namely, that by solution and that by depression.

Solution or *absorption*.—This operation consists in lacerating the capsule with a needle introduced either through the sclerotic or through the cornea, and thus leaving the lens exposed to the action of the aqueous humour to be dissolved and absorbed. It is an excellent and safe method, but its employment must be restricted to (1) cataract of infants, excepting zonular, where artificial pupil is to be preferred; (2) adults before the age of forty; (3) fluid cataracts at all ages. In these cases the operation by solution is more than likely to keep its ground amidst all innovations. But after the age of forty or forty-five, when the lens is generally of a denser consistency, and absorption less vigorous, it requires long time and frequent introduction of the needle, and thus becomes a tedious and unsafe procedure. Indeed, in old people, the chance of inducing blindness during the process of solution is very great, on account of the condition of the tissues, altered by senile metamorphosis, which, coming in contact with the swollen lens, are apt to take on inflammatory action. Neither is the process of solution to be thought of in traumatic cataract, even in young persons, when the internal membranes have suffered by the injury.

The operations of *depression* and *couching* have played a most conspicuous part in ophthalmic surgery. They are performed by introducing a needle through the sclerotic or cornea, and by thrusting the lens directly downwards (depression), or by pressing it downwards, backwards, and outwards, so that it should recline with its anterior face directed upwards; hence reclination or couching. In either case a bed is made for the lens in the interior of the eye at the expense of the broken-up cells of the vitreous humour. This operation originated at a period when the doctrine of Celsus and Galen was prevailing—viz., that the lens was the essential organ of vision, and that cataract was a pellicle formed in front of it, which could easily be depressed and removed from the pupil. Yet even after Kepler (1604) proved that the lens was merely a refracting medium, and Maître Jan Heister, Saint-Yves, and Brisseau had established by demonstration that cataract was an opacity of the lens itself, surgeons still continued depressing on account of the facility of execution. At one period of its history, indeed, it seemed as if this operation was to take precedence of extraction. But, thanks to our better means of diagnosis, and to improvements in our operative procedures, couching has well-nigh disappeared from British practice, and will very soon have only a historic existence. Couching owes its long existence to the facility with which it can be performed. Nothing can be more easy than to put in a needle and push the lens out of sight; but alas for the consequences! In instituting a comparison between these two methods by authenticated statistics on a large scale—i. e., in 2073 extractions and 177 depressions—we find that, whilst 1 eye in every 10 is lost in extraction, 1 in every 3¼ is lost in couching or depression.* Further, the worst issues of extraction are suppuration, panophthalmitis, and—loss of vision; but depression records four deaths in such able hands as Dupuytren,† and, what is worse, the miserable existence of some victims of that method caused by chronic irido-choroiditis. For the depressed lens may act as a foreign body, irritate the retina, or roll forwards against the ciliary processes and iris, and thus act as a constant focus of inflammation to harass the patient's life. For the arresting of this terrible issue of couching Desmarres first applied excision of a portion of the iris. "We cannot too soon," he says, "resort to that measure as the only means of relieving the pain, and of, sometimes, saving the eye from certain destruction through slow atrophy."‡

Professor v. Graefe achieved a great improvement in this department of ophthalmology, which entitles him to a fair claim on our gratitude, by extending the doctrine of excision of the iris (iridectomy) to the cure of glaucoma, on which he published a memoir in 1857.§

As the extension of iridectomy has in reality formed the basis of the modern improvements in the operation of extraction, and as a great deal has been written of late years on the cure of glaucoma by iridectomy—a subject over which much obscurity still hangs,—it may not be out of place, in view of its proper elucidation, to give here a *résumé* of the present state of the science in connexion with it.

The circle of glaucoma has been, perhaps too widely, extended by some modern ophthalmologists, who put under this category every diseased condition of the eye which in its *ensemble* gives rise to the rapid or slow development of intraocular pressure, from whatever cause it may arise. According to this view, irido-choroiditis, ectasis of the sclerotic, anterior adhesions, amaurosis with excavation of the optic nerve, &c., when associated with tension of the globe—yea, even hardness of the eye in consequence of mechanical injury, is called glaucoma or glaucomatous. For, owing to the different phases which this disease may assume, the ophthalmoscopic and other symptoms in themselves are inconclusive unless they are associated with *tension* of the globe, rendering it hard when touched through the eyelids. This is the characteristic symptom which never fails, and may be considered as pathognomonic. Glaucoma, according to Graefe, is a choroiditis or irido-choroiditis with effusion by endosmosis into the vitreous and aqueous humours, the augmentation of which causes intraocular pressure, producing excavation of the optic nerve and iridoplagia. The latter is caused by pressure on the ciliary nerves in their passage to the iris; hence also anæsthesia of the cornea, &c. Now, finding that iridectomy produced good results in chronic iritis, in irido-choroiditis, and especially in lessening the tension in sclerotic staphyloma, he tried it also in glaucoma with successful results.

This pathological basis has been very much called in question. Thus, Mr. Dixon "could not fail to be struck with the apparent absence of all causal connexion between the morbid changes of glaucoma and the means proposed for arresting them. We were told that the intraocular pressure was the cause of all the phenomena of glaucoma, without any very clear account being given as to what was pressed, and what effected the pressure."‖

In a paper which I published about the same time,¶ I ven-

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* Rivaud-Landrau: Annales d'Oculistique, 1862.
† Leçons Orales, t. iii., p. 395.
‡ Maladies de l'Œil, t. iii. When iridectomy proves unavailing, and the eye is already amaurotic, enucleation is the only alternative to save the other eye from destruction by sympathetic ophthalmia.
§ Archiv für Ophthalmologie, vol. iii., part 2.
‖ Diseases of the Eye, 2nd Ed., 1859. ¶ THE LANCET, Dec. 1859.

tured to question the soundness of the theory advanced by the distinguished Berlin professor. I urged that there was no trace of iritis in typical glaucoma; that the iris, on the contrary, was atrophied to such an extent as to make it often difficult to seize it with the forceps for excision. Nor is there choroiditis, strictly so called. On the other hand, it appeared to me, at that time, that the disease has its origin in the derangement of the fifth pair. More recently, however, in the course of an extensive discussion, I suggested that the whole range of glaucomatous symptoms may be accounted for on the hypothesis that it is the result of hyperæsthesia and spasmodic irritation of the sympathetic within the orbit. This will accord with Claude Bernard's experiments on the vaso-motor system: there is, in the first place, the dilatation of the pupil, caused by irritation of the sympathetic, which, in junction with the pneumogastric, furnishes filaments to the radiating fibres of the iris; there is also engorgement (nervous congestion) of the choroid, which gives rise to pressure upon all the ciliary nerves (both those proceeding from the ophthalmic ganglion to the sphincter iridis and cornea and those from the nasal nerve)—hence anæsthesia of the cornea, vitiated nutrition of the organ, tension, &c., rendering the phenomena more complex, and the *ensemble* tending to inevitable blindness.

As applicable to this subject may be quoted the explanation of the pathology of exophthalmic goitre as given by Trousseau, who regards the triad of symptoms present in Graves' disease—viz., hypertrophy of the thyroid gland, protrusion of the eyes, and transitory cardiac hypertrophy, as a "*nevrose a congestion locale*," having its proximate cause in the modification of the vaso-motor apparatus.* According to this view the *modus operandi* of iridectomy in the cure of glaucoma is easily explained:—

1. The removal of a portion of the iris, by removing the nervous loops therein distributed, has the effect of a genuine neurotomy, and is strictly analogous to the removal of a part of the portio dura in tic douloureux, as first suggested by Allen Burns,† and recently adopted by Nélaton and others.

2. By removing a portion of the iris, we relieve the constriction which it and the ciliary muscle produce round the zonula of Zinn and the protruding lens, thus keeping up the disease.

3. The evacuation of the aqueous humour has undoubtedly its share in relieving the over-distension of the eyeball.

The same explanation would also apply to the advantages derived by Prof. Hancock's operation—section of the ciliary muscle. With reference to the theory of this operation, Nunneley's criticism‡ seems to me to be in the main correct. It is not the section of the constricted muscle which gives relief, but the division of the nerves which meet there, and the tapping of the vitreous. It is well known, however, that to render the effects of neurotomy lasting, it is requisite to remove a portion of the nerve; hence my preference for iridectomy.

Most recent opinions seem to tend in the direction of regarding glaucoma as a nervous lesion. Thus Donders considers it as hyperæsthesia of the fifth pair.§ Prof. Magne of Bologna, after combating the views of Graefe for the reasons stated by me—namely, that there was no trace of iritis or choroiditis, but, on the contrary, an atrophied condition of these membranes,—ascribes glaucoma to an atrophy of the ciliary nerves.‖ Mr. Hart adopts my theory of glaucoma.¶

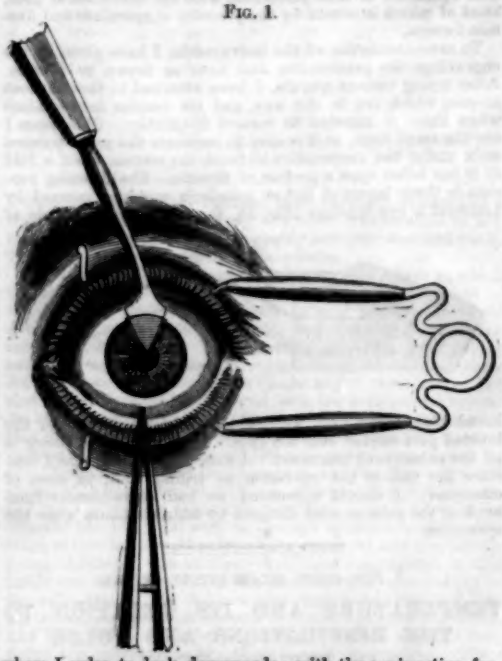
Now that more than a decade has elapsed since the introduction of iridectomy for the cure of glaucoma, abundance of materials has been collected for estimating its value; and it appears to me probable that more harm has been done by performing it in unsuitable cases than by undervaluing its advantages. My first trials of it, shortly after its introduction, convinced me of its value; but subsequent experience has proved to me that the extent of its utility is limited. I find it of greatest service in acute and subacute forms of the disease, especially in their early stages, and before the eye has become in any way disorganised by the progress of the disease. In short, whenever ciliary pain is present the operation is useful: either optically, in the view of restoring vision; or, at the lowest estimate, therapeutically, with the view of allaying suffering, which it can very nearly always be trusted to effect.

In purely chronic or non-inflammatory cases, however, when blindness steals on gradually without pain or other acute symptoms, it is absolutely useless, whatever the degree of tension may be; as either no good result is obtained by its performance, or at best a very transitory one. Those who acted on the principle of performing iridectomy in every case where tension was present must, I conceive, by this time have been convinced that this position is untenable. For the credit of the operation, I find it best to avoid all surgical interference except where decided benefit may fairly be looked for.

Those who are opposed to the operation expatiate on the mutilation of the eye, and on the various accidents accompanying it. As to the deformity of the pupil, there is absolutely none when the coloboma is made upwards. With regard to the risk, I am in a position, after having performed several hundreds of iridectomies for various purposes, to state most emphatically that I am unable to call to mind a single case of distressing consequences.

As iridectomy forms part of our cataract operations, I shall explain my manner of performing it, which differs in some respects from the methods usually adopted. I administer chloroform only to highly nervous patients, and in cases where the eye is much distressed by pain. The patient being in a recumbent position upon a couch, and the eyelids kept open by a spring speculum, the operation is divided into two periods. The first period is shown in Fig. 1: I stand behind the patient,

FIG. 1.



whom I order to look downwards; with the conjunctiva forceps in the left hand, I seize a part of the conjunctiva and subjacent tissue, and steady the eye; and with the curved lance in the right hand I enter into the anterior chamber through the conjunctiva, half a line or one line from the corneo-sclerotic junction; if the opening be insufficient, I enlarge it on either side in withdrawing the lance. Second period: I take the curved iris forceps in my left hand and the scissors in the right, and order the patient to look down, when I introduce the former into the anterior chamber, seize the iris and withdraw it, into which I first make a vertical incision from the pupillary margin to its ciliary attachment; a flap of the iris thus remains between my forceps, which I put upon the stretch, and by other two cuts with the scissors in a horizontal direction I finish the section. Fig. 2 shows the second period, where the iris hangs only by a small pedicle before receiving the finishing cut. By this method I can measure the precise portion of the iris which I intend to remove, instead of making a random cut. When there is some blood in the aqueous chamber, slight pressure with Daviel's spoon upon the upper lip of the wound is sufficient to cause it to escape.

* There is a preparation in the Aberdeen Infirmary Museum of a case of exophthalmic goitre, published by my excellent friend and colleague, Dr. Keith (*Medical Times and Gazette*, Nov., 1865), in which the disease of the cervical ganglia was the principal lesion discoverable. A similar case is recorded in the *Gazette des Hôpitaux*, March 21st, April 16th, 1865.

† Surgical Anatomy of the Head and Neck, p. 287.

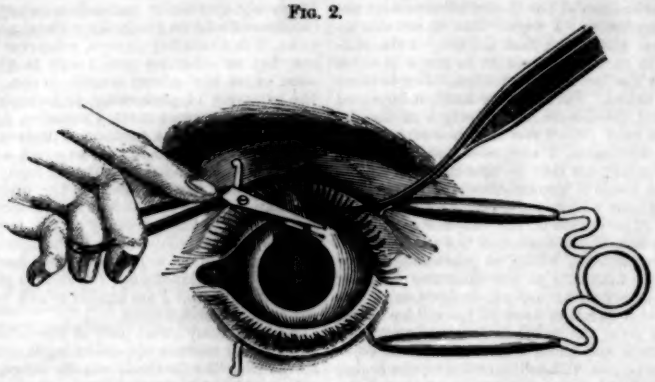
‡ THE LANCET, Jan. 19th and 26th, 1861.

§ Annales d'Oculistique, 1865, p. 121.

‖ L'Union Médicale, 1862; Ann. d'Ocul., 1863.

¶ Ophthalmic Hospital Reports, 1866, p. 30.

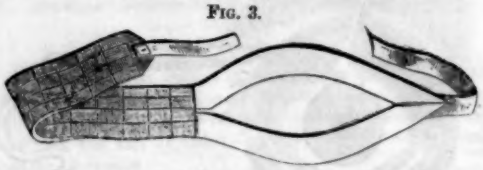
FIG. 2.



All the duties of my assistant in this operation are: to hold the speculum a little forward to prevent the pain caused by its pressure upon the orbit, and to hand me the instruments. I dispense also with an ophthalmostat in the second period. The operation is thus performed with the minimum of pain, most of which is caused by the pressure of speculum and fixation forceps.

To save description of the instruments, I have given in the engravings the precise size and form as drawn to a scale. After trying various specula, I have returned to that without screws, which are in the way, and are besides inconvenient when there is occasion to remove it quickly. Of scissors I use the small form, as it is easy to insinuate the probe-pointed ends under the conjunctiva to finish the section when a fold of it has fallen upon a portion of the iris. The dressing consists in three layers of lint or jeweller's wadding, secured by Liebreich's eye-bandage (Fig. 3), the circular part, made of

FIG. 3.



broad tape, being fixed upon the back of the head, and the knitted part carried over the eyes. Rest for twelve hours is all the subsequent treatment. I have only to add, that I consider the risk of the operation so trifling that, in cases of emergency, I should apprehend no bad consequences from sending the patient some distance by train six hours after the operation.

A FEW CASES ILLUSTRATIVE OF THE

TEMPERATURE AND ITS RELATION TO THE RESPIRATIONS AND PULSE IN TYPHOID FEVER.

BY T. HALL REDWOOD, M.A., M.D. Durham.

(*Concluded from p. 498.*)

CASE 5, a man, aged about twenty-two, was at first (4th day) mistaken for rheumatism, the symptoms then pointing strongly that way. On the 8th day (the first in the table) both lungs were found nearly choked up, probably from extreme hypostatic congestion, with marked bronchitic râles on both sides; sputa thick and streaked with blood. Tongue very dry and black, and the thermometer &c. indicating severe typhoid fever. On the 10th day the teeth and gums were covered with sordes, the sputa became regular pus, the dejections were grey (three since last visit), and the bowels very tender, although not quite so much so as the day before. On the 19th day, until which the sounds were chiefly bronchitic, expectoration of a large quantity of rusty sputa took place, after which the chest symptoms steadily improved. The tongue was dry and brown, or black, from the 8th to the 16th day, when it began to improve. The bowels were open three or four, sometimes five times a day, generally yellow and liquid, sometimes dark, from blood. On the 28th day a number of small boils appeared on the legs; and on the 29th I was shown a carbuncle on the tuber ischii. He was doing well on the 22nd day, and fairly convalescent on the 24th. This case may be called an example of Dr. Murchison's "grave" variety.

CASE 5.

Day.	Respiration.	Pulse.	Temperature.
8th	28	128	103·2°
9th	30	140	103·3
10th	30	128	101·9
11th	32	130	102·7
12th	30	120	101·8
13th	32	120	100·4
14th	36	120	102·9
15th	36	128	101·8
16th	36	116	101·3
18th	34	120	103·1
21st	34	124	100
23rd	36	120	100
25th	28	110	99·5
27th	34	124	100·5
29th	28	112	98·8
31st	28	104	99·
34th	26	116	99·3
36th	34	126	103·2
38th	22	128	101·7
40th	30	112	101·8

47th—Well.

CASE 6.

Day.	Respiration.	Pulse.	Temperature.
15th	40	116	103·6°
16th	30	116	104·1
17th	34	106	103·2
18th	32	112	103·5
19th	38	116	102·8
20th	30	120	102·5
21st	...Restrained...	130	104·8
22nd	34	114	103·4
23rd	36	120	103·6
24th	40	124	104·5
25th	34	120	101·9
27th	30	96	99·6
29th	26	108	101·6
32nd	24	112	102·6
35th	28	112	102·8
39th	30	130	102·7
46th	24	140	101·7
51st	22	100	98·3
53rd	20	106	99·1
57th	18	96	98·6
70th	Good	116	100·9

CASE 6—a boy, aged thirteen years—appears to be an example of what Dr. Murchison calls the insidious, or latent, variety. When first seen, on the 6th day of his illness probably, I have it noted that he had been "ailing a few days with slight febrile symptoms, which did not seem likely to turn out anything particular—perhaps febricula." On the 8th day, it is just noted, "typhoid fever. Daily." On the 9th

there was some bronchitis and delirium; bowels relieved three times; regular before. On the 11th one spot was found; and on the 13th the bowels were much worse. On the 15th day, as it was turning out a serious case, and likely to be a severe one, I began to take the temperature. The tongue all through was characteristic of the fever, being red, shining, &c., with the exception of the 20th day, when it is noted as being aphthous. On the 15th day the bronchial tubes were so full of fluid (mucus), and no expectoration, that there seemed danger of his being choked off. An emetic of sulphate of zinc (ten grains) was ordered, and gave great relief. On the 20th day he vomited a good deal; and on the 21st the usual symptoms of peritonitis were present: "respirations restrained; pulse 130, *hard*; temperature 104·8°; tongue *very red*; spots on breast and abdomen; tympanitic tendency; very great pain on pressure; legs doubled up; bowels opened thrice, &c." (Notes.) The peritonitis here was, no doubt, *not* due to perforation, but to propagation of the inflammation from the mucous to the peritoneal coat of the bowel, *by continuity*, as Dr. Murchison, in his work on Fevers, says sometimes happens. Hot turpentine stupes were kept constantly applied, and opium given freely (in what form my notes do not mention, but Dover's powder, as far as I remember), and the next day it began to subside. On the 25th day general improvement began to take place; and this continued until the 32nd, when a relapse took place, which lasted until the 41st, when he was convalescent again. On the 40th day he was put on sulphate of copper (one-sixth of a grain twice a day), on account of the bowels being too loose, with very good effect. The perchloride of iron, also, answered admirably in checking a chronic, gleety discharge from the bronchi. After the 41st day convalescence was uninterrupted, but necessarily slow, in consequence of the very weak state the patient was in. Cod-liver oil helped much to restore his strength. A stopped-up surface-drain (open) was the cause of this case.

CASE 7.

Day.	Respiration.	Pulse.	Temperature.
10th	40	132	103°
11th	48	132	100·6
13th	46	130	100·6
14th	44	102	101·8
15th	32	136	102
16th	40	132	101·8
17th	42	134	103·1
18th	44	126	101·9
19th	46	130	101·3
20th	40	140	101·6
21st	36	132	101·2
23rd	42	134	100·3
24th	34	130	99·6

25th—Sleeping.

CASE 7, a boy, aged seven, the notes of which are lost, with the exception of the temperature, &c., is a good example of an average case, being marked by pyrexia, pain in bowels, diarrhœa, &c. Hypostatic congestion, as shown by the respirations, was greater than usual in an otherwise mild case. This was caused by the tub of pig-wash mentioned in connexion with Case 1.

CASE 8.

Day.	Respiration.	Pulse.	Temperature.
9th	36	112	101·8°
10th	40	120	102·6
12th	30	120	103·6
13th	30	116	102
14th	26	108	101·1
15th	30	108	101·8
16th	24	92	77·9
18th	Easy	116	102
20th	Easy	100	99·1
21st	30	112	101·2
24th	Easy	112	100·9
25th	Natural	104	98·2

27th—Sitting by the fire.

CASE 8, a girl, aged six, a mild, uncomplicated case, was remarkable for the absence of diarrhœa, and other abdominal symptoms from beginning to end. Indeed, were not the spots, tongue, and temperature during the second week so characteristic and well marked, it might have been doubted whether it really was typhoid fever or not. Careful watching, coupled with its course, proved that it was. The thermometer assisted much in the diagnosis of this case. Spots seen on the body on the 10th day, and fresh ones on the 13th; tongue smooth, shining, and split across in three or four places. As is usual with children, she was constantly dozing, with occasionally a little delirium at night. Cause, open gutter.

CASE 9.

Day.	Respiration.	Pulse.	Temperature.
7th	—	108	102·8°
9th	44	108	102
10th	46	110	102·2
11th	40	140	102·4
12th	34	114	101·6
13th	—	100	102
14th	36	112	99·7
15th	32	112	100·5
16th	44	112	100
17th	36	120	102·3

19th—Convalescent.

CASE 9, a boy aged eight, caused by the tub of pig-wash, was, as the table shows, a mild case, and is given with Case 10 as an example of mild cases, becoming fairly convalescent on the 19th day, of which I have observed many. I have noticed from the 19th to the 21st day a very usual period in such cases.

CASE 10.

Day.	Respiration.	Pulse.	Temperature.
7th	30	112	102·4°
8th	32	108	100
9th	30	110	99·7
10th	30	100	99·8
11th	30	116	101·1
12th	24	112	100·9
13th	28	106	98·8
14th	28	100	99
16th	28	96	97·9
17th	—	—	100·7

19th—Convalescent.

CASE 10, a boy, aged thirteen, is an excellent example of a *mild* case of typhoid, entirely free from complication of any kind. The temperature is remarkably low after the first week. The cause was a stopped-up surface-drain.

All the above cases, together with several others in which the thermometer was not regularly used, owing to want of time, and the probability of their turning out mild, occurred during the years 1865 and 1866, and most of them in the autumn of each year. The prevailing cause was decomposing animal or vegetable matter, in some form or other. Bad water did not appear to have given rise to any of these cases; but that it often does produce typhoid fever has been proved beyond doubt. Of thirty-one cases of typhoid fever, with two deaths, that have come under my notice during this year (1867), three were in consequence of an old, disused *stable*—surrounded by dung-heaps and pools of liquid manure, and standing on ground soaked with upwards of thirty years' accumulation of the above, and with a grating, communicating with a large drain, right opposite the door, and with no through ventilation (a window being placed in one end only)—*being converted into a school* for young children. The number of children congregated in this stable was *more than double* the legal allowance, according to the cubic space. The children were immediately removed from the school, and were not allowed to return until the above evils had been remedied as far as possible, with the effect of confining the outbreak to the three cases first attacked. Three were caused by the privy drains (the privies being situated at the top of little gardens or yards at the back of the row of houses in which these patients lived) communicating with the house-drain, which ran close to the back doors, and through a grating of which I detected a strong smell of fæcal matter. Two of these cases died on the 12th and 15th days, not from perforation, but apparently from very rapid nervous exhaustion or asthenia, the *nervous symptoms* in one being early, and very strongly marked. Six were the result of the exhumation of a large cask full of pig-wash, which had been buried in a garden upwards of twelve months previously (on the approach of cholera), and which, on being brought to the light, turned the stomachs of the whole neighbourhood. It was, every bit and drop, given to the pigs. Six were caused by stagnant stable refuse; and the remaining thirteen by stopped-up surface-drains, cesspools, &c. The two deaths suggest the question whether the poison, whatever it may be, given off by the decomposition of animal matter, may not possibly be more virulent than that given off by the decomposition of vegetable matter. The general opinion, I suppose, would be that they both produce the same poison, and in the same way, whatever

that may be, whether in the shape of a chemical compound, or in that of an animal or vegetable fungus. If the latter, perhaps they choose the intestinal glands as beds in which to develop themselves, something after the fashion of the flesh-worm.

Rhymney, Dec. 1867.

TWO CASES OF LOSS OF THE EPIGLOTTIS.

BY HERMANN BEIGEL, M.D., M.R.C.P. LOND.,
PHYSICIAN TO THE METROPOLITAN FREE HOSPITAL.

CASES in which the epiglottis or a portion of it has been lost in consequence of inflammatory affections of the larynx, followed by necrosis of the arythenoid or other cartilages, have not unfrequently been observed. The symptoms in such cases are generally very distressing, so as to necessitate even tracheotomy. If cure is effected, loss of speech or other functional defects of the larynx often remain.

But I have not been able to find records of cases in which destruction of the epiglottis has taken place in such a subacute manner that the patients have experienced neither pain nor loss of speech—in fact, that they were not at all aware of the deficiency. Both cases which I am about to describe were observed in tuberculous patients under my treatment at the Metropolitan Free Hospital.

CASE 1.—Elizabeth E——, aged forty-seven, married, but without issue, has been subject to tubercular disease for many years, cough, copious expectoration, and pain in the left side of the chest. The physical signs are those of an advanced stage of tuberculosis, particularly in the left lung. Pain in the throat, hoarseness, or any inconvenience in the larynx has never existed.

When examined by means of the laryngoscope, the larynx was found in a state represented in the accompanying woodcut. The false vocal cords rather thick and puffy; the true

vocal cords almost normal; action of the muscles of the larynx energetic; the cartilages, with the exception of the epiglottis, intact. The epiglottis perfectly destroyed; only one larger and a few minute shreds of it left; the latter neither inflamed nor ulcerated, thus showing that the process of destruction has terminated long ago. The patient speaks with but a very slight touch of hoarseness, and has never experienced, during deglutition, any food going into the larynx instead of into the œsophagus.

The diagnosis could very easily be made, but there was no cause whatever for interfering with the larynx.

CASE 2.—The second case was that of a man thirty-eight years of age, who had suffered for many years from hereditary tuberculosis. The state of the larynx was similar to that of the former patient. The destruction proceeded likewise without causing pain or any inconvenience to the patient; and the loss of the epiglottis was still more complete than in the former case, leaving only small granular remnants. But whilst the patient was under my care one such small granule became inflamed, enlarged to the size of a pea, and caused great pain, particularly when the patient was speaking or swallowing. When I viewed it in the laryngoscope it exhibited a yellow little spot at its most prominent part, indicating its containing pus. Consequently, under the guidance of the laryngeal mirror, I lanced it with an appropriate lancet, and, a drop of pus having escaped, the pain at once subsided; and after a few days the granule assumed a healthy appearance.

Finsbury-square, March, 1868.

HER MAJESTY has been pleased to present a copy of her new journal to the Kidderminster Infirmary.

Medical Societies.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, APRIL 1ST, 1868.

DR. HALL DAVIS, PRESIDENT.

THE following gentlemen were elected Fellows:—Mr. Evan Llewellyn, Dr. Hope Robson, and Mr. Charles Case Smith.

Dr. PHILLIPS exhibited a specimen of Retro-Uterine Hæmatocele.

Dr. GREENHALGH exhibited a specimen of Hypertrophied Nympha, removed by the écraseur.

Dr. PLAYFAIR related the particulars of a case in which a woman, suffering from carcinoma uteri, attended with much induration and rigidity of the cervix, had aborted of a dead fœtus at the fifth month. The fœtus, which had been extruded piecemeal, was exhibited.

The PRESIDENT exhibited the membranes of a twin ovum of a supposed ten weeks' gestation, which he had removed from a patient the subject of exhausting hæmorrhage. The fœtuses had been expelled eight days before, but their envelopes were retained, and were adherent to the anterior and posterior walls of the uterus respectively. They were extracted entire by the ovum forceps, and the hæmorrhage had not recurred.

Dr. PROTHEROE SMITH exhibited an instrument which he had devised to facilitate the extraction of hair-pins from the female bladder, and which in a recent case he had used with complete success.

A paper was read by Dr. COPEMAN (of Norwich), "On some of the difficulties encountered in determining the existence of Pregnancy." Five cases were given in detail, in all of which considerable difficulty had been at first felt in deciding on the question of pregnancy, owing to the presence of some one or more abnormal conditions, but in all of which the author had been enabled to form a correct diagnosis mainly by detecting the "placental souffle" by auscultation. This sound, Dr. Copeman said, had never deceived him, and he expressed his surprise that in a recent work Dr. Hewitt had stated that no dependence whatever was to be placed upon it as a sign of pregnancy. He, on the contrary, believed it to be one of the most valuable signs of pregnancy, second only to that of the fœtal heart, and the most dependable of all signs when the child was dead.

Dr. GRAILY HEWITT thought the uterine souffle one of the signs of pregnancy which were not absolutely "reliable," and in this sense he had deprecated attention to it. In some of the cases now related, other observers had failed to hear it when it was evident to Dr. Copeman's more practised ear. He still believed it to be capable of simulation by other sounds, and in that sense of the word, "non-reliable."

ON PUERPERAL FEVER IN THE BRITISH LYING-IN HOSPITAL; WITH REMARKS ON THE TREATMENT OF PUERPERAL FEVER.

BY GRAILY HEWITT, M.D., F.R.C.P.,
PROFESSOR OF MIDWIFERY AT UNIVERSITY COLLEGE, LATE PHYSICIAN TO THE BRITISH LYING-IN HOSPITAL.

In this paper the author detailed his experience of puerperal fever in the British Lying-in Hospital; and laid before the Society certain views respecting the treatment of the disease there and elsewhere. The mortality in the hospital from *all* causes was in the first place attended to. The statistics adduced extended from 1849 to 1866 inclusive. Married women only are admitted. The hospital now in existence was first used for patients in 1849. Of the four principal wards, two had a cubic capacity of 6552 feet each; the two others of 5616 feet each. These wards were tolerably isolated, and ventilated by fireplaces and open windows. During the time the author held office there, the practice was to allot four patients, unless under extra pressure, to each ward. The in-patients were attended alternately by Dr. Murray and the author for periods of three months. During the seventeen years 1849–1866, the total deliveries were 2438; the total maternal deaths 25. The percentage of deaths was, therefore, 1·02 from *all* causes. The causes of death were set down as follows:—Puerperal fever, or disease closely allied to it, 16; hæmorrhage, instrumental labours, chest affections complicating labour, and other diseases, 9. Of late years—1863–1866—the number of deliveries had much increased, being nearly double those of previous years. In one year

(1864) there were 199 deliveries without one death; in 1865 there were 5 deaths and 232 deliveries. On taking charge of the hospital in 1862, the author, in conjunction with Dr. Murray, reduced the number of patients in each ward from six to four. In the next place the author adduced particulars of all the cases of puerperal disease in which there appeared to him reason for designating the case as puerperal fever, or closely allied to it, during a period of nine months, including three periods of three months each. Some of these attacks were slight, some more severe. Particular attention was directed to three patients in the same ward attacked on Dec. 28th, 1864, with almost identical symptoms, one two days, and two two days, after labour. A fourth in the same ward had severe sweatings. In three of these cases the attack gave way rapidly to treatment; the fourth was dangerously ill for many days, but ultimately recovered. There were in all, during these nine months, 23 cases in which, in the author's opinion, the illness—often, it is true, temporary—could only be regarded as of the nature of puerperal fever. The identity of the symptoms in the slight and in the grave cases was the basis of this conclusion. For the most part, as initial symptoms, were noticed pain and tenderness in the uterine region, quick pulse, prostration of vital power, in almost all cases rigor, generally well marked; subsequently, if the attack did not give way, abdominal swelling, great prostration, hurried respiration, and threatening of death. Herpes labialis occurred in several cases. One only of the 23 cases died: this patient was admitted, previous to setting-in of labour, for great prostration from chest-disease; and she died of exhaustion two days after labour, the contents of the uterus being in a putrescent state. As to the nature of puerperal fever, the opinion was expressed that it is a form of pyæmia, the result of the introduction of a poisonous material into the circulation, the point of entrance being generally the inner surface of the uterus or the vaginal surface. The poison may be introduced from without, or be the result of changes occurring within the uterus itself. Enlargement of the uterus had been noticed in many cases of the disease. On the question of the treatment of the disease, Dr. Graily Hewitt stated that the plan pursued by him was to enforce great cleanliness, to give a liberal diet from the first in all cases, as preventive measures, and when labour was at all protracted, brandy was given during as well as after the labour. Beef-tea, eggs, and milk at once; meat on the second day. When any symptom appeared of a suspicious character, the case was at once treated as one of puerperal fever, as follows. The binder was directed to be closely and accurately applied, to prevent collection of lochia in uterus, and facilitate its contraction; hot turpentine stupes to the abdomen, also to relieve the pain, for which purpose the light binder also gave most universally good results. Every four hours, thirty minims each of tincture of lavender, chloric ether, aromatic spirit of ammonia, and compound tincture of camphor. Brandy with water or egg at once, in varying quantities—in a mild case, six to eight ounces per diem; but as much as two ounces every two hours was given when initial symptoms were very severe. Nourishment in good quantities very frequently, chiefly liquid—milk and eggs, and beef-tea most relied on. Every half-hour something was given in the worst cases. Aperient medicines religiously avoided, unless the rectum was obviously loaded. Experience had convinced the author of the bad effects of brisk purgatives in such cases. Later on the same treatment was, if necessary, continued, with the addition of twenty to thirty minim doses of tincture of iron in some cases, and in some cases of turpentine enemas. Promptly and thus treated, the disease had almost invariably given way. Since the year 1862 the author had treated the disease boldly and thoroughly on the stimulant plan, having first observed its extraordinary effect in a woman who, being extremely ill, took every day for over a week at the rate of a bottle of brandy, besides nourishment in good quantities, and recovered. Some also of the cases now related were very bad ones. If the disease be allowed to go on unchecked for two or three days, this stimulant plan may fail, the important point being to treat the affection promptly. Intra-uterine antiseptic injections the author thought highly of, but they were not employed in these cases. Lastly, the conclusion drawn as to the question of the propriety of lying-in hospitals was that they can only be safe when patients are isolated absolutely from each other, where, in fact, the conditions approximate to those present in home attendance.

Dr. SNOW BECK remarked that the cases read were unsatisfactory, none presenting the diagnostic signs of puerperal fever. Again, cases from which deductions were drawn should be recorded with sufficient detail to enable anyone to say whether they were trustworthy or not. In the present instance this had not been done. Dr. Beck had been mentioned as having shown to the Society cases of enlarged or relaxed uterus as connected with this disease. But this was not so. What he had done was to show that the sinuses were pervious throughout to fluids gently injected into the pelvic veins, and even this had been shown many years ago by Dance. The pervious state of the sinuses was important, as it was of little use the open orifices being bathed with sanious fluids if the sinuses were not open to allow the fluid to enter the general system. There were no facts, so far as he was aware, to show that deleterious infection took place from the surface of the vagina or the general surface of the uterine cavity. In all cases where he had seen the plan of treatment by excessive stimulation adopted it had been decidedly injurious, and the most successful had included the administration of those substances which counteracted the effects of the injurious impregnation, the sulphites &c., and washing out the interior of the uterus.

Mr. SQUIRE remarked that not only in puerperal fever, but in its allied diseases, hospital gangrene and erysipelas, and in diseases where a septic influence was traceable, the sustaining system of treatment with stimulants throughout, and the use of such remedies as iron and quinine, was the right one. This was illustrated in the cases adduced, all of which resulted in recovery: that they were cases of this kind, if their history and the details given by Dr. Hewitt were not enough, his own judgment and experience sufficed to distinguish them from the ordinary accidents of the puerperal state.

Dr. PLAYFAIR could only say that he fully concurred in the view which attributed the mortality which had taken place in the Nightingale ward (to which reference had been made) to the poisoned air of a general hospital. The facts that the outbreaks of puerperal fever coincided with the presence of erysipelas in the surgical wards, and that the women who died had no symptoms of erysipelas as such, while one of the children in the ward suffering from an abrasion of the skin had well-marked erysipelas, seemed sufficiently to controvert Dr. Beck's theory as to the diseases having no connexion with each other.

Dr. BRAXTON HICKS said it was not difficult to understand that if the system be poisoned by matter engendered within, the same matter introduced from without could also produce the same symptoms. If puerperal fever were to be so limited, then it was highly important that researches should be made as to the connexion of the various diseases classed as puerperal fever. He had seen abundant personal evidence, at least as strong as any admitted valid in medicine, to show the connexion of these diseases.

The PRESIDENT, having so recently expressed his views on the subject of puerperal fever, would now only very briefly reiterate his conclusions. There should be no doubt whatever that it was a highly contagious disorder; that it was communicable to a puerperal patient, not only through its own contagious emanations, but through those from scarlet fever, measles, typhus, erysipelas. The identity of the disease with erysipelas in some epidemics had been proved by the late Dr. Rigby, as well as by others. Dr. Rigby observed, in one epidemic, that the infant of every patient who had died of puerperal fever perished from erysipelas. Various sources of putrid emanations,—viz., the putrid lochia, especially of women congregated in hospitals, gases from open sewers, putrid matters from dissections, and from hospital sores, had been rife causes of the disease. The paper, while showing that some little good might be done by an early and judiciously energetic supporting treatment in some cases of the fever, at the same time furnished additional evidence of the dangers to puerperal women in lying-in hospitals.

Dr. GRAILY HEWITT, in reply, would simply state that the greater part of Dr. Beck's observations on the paper appeared to be formed on a misapprehension of the facts and statements therein. The facts, however, were before the Society, and it was for them to draw conclusions as to their import and value.

TESTIMONIAL.—On the 14th instant, at the Garibaldi Lodge of Odd Fellows, London Unity, a handsome gold and silver emblem of their Order was presented to C. Davidson, Esq., surgeon, Devonshire-place, for gratuitously attending one of its members.

Reviews and Notices of Books.

The Morbid States of the Stomach and Duodenum, and their Relations to the Diseases of other Organs. By SAMUEL FENWICK, M.D., M.R.C.P., Lecturer on Comparative Anatomy at the London Hospital Medical College, Assist.-Physician to the City of London Hospital for Diseases of the Chest, formerly Lecturer on Pathological Anatomy in the University of Durham. London: Churchill and Sons. 1868.

So many books have recently issued from the press on indigestion and its allies, that it was with some curiosity we turned to this volume to discover whether it contained anything calling for its publication, and we are bound to say that we have found a great deal that is original both in its matter and method of treatment.

The capacity and working order of the digestive organs; how far and in what respect these are damaged; the quantity and form of diet to be used,—these are questions of more importance often than the drugs to be administered.

Dr. Fenwick considers his subject from his own standpoint. He has avoided that tendency of the present age which makes so many works dry and wearisome by the learning they display. When the reader is anxiously waiting for the bread of the author, he is rewarded with a stone from a German authority. The author does not give merely a description of the morbid states of an organ as altering its anatomical structure and impairing its efficiency, but as influencing other portions of the system, modifying the progress of various maladies, and giving rise to changes in the texture and functions of the different structures of which the body is composed.

Although many of his views are novel, and may or may not stand the test of future pathological research, they are ingenious; and not the least original part of his inquiries consists in this, that, after he has employed all the modern methods of research, he has brought us back again into the older channels of pathology.

For example, he is a skilful microscopist, and his descriptions are minute, and from their nature contain a good deal of repetition; but he has not fallen into the error of unfairly exaggerating local processes of disease in opposition to the general ailments. Pathologists in magnifying the parts *evidently* affected have omitted to magnify all the other structures not so sensibly diseased, and the slighter anatomical changes that occur in textures remotely placed from the local disorder have often escaped their attention altogether.

In speaking of the importance of the amorphous materials so common in most morbid products and of the various alterations which they undergo, he says that we may discover in them a probable clue to the origin of many diseases, but in a sense which approaches the ideas of the older rather than the most modern pathology; for, he adds, "it is probable that just in proportion as these materials deviate in character from the normal exudation, do they become insusceptible of being moulded by the formative power into normal structures, and liable therefore to pathological changes." Now, we understand this to mean that if you put materials different from silk into a silk-loom, you will obtain a texture, when acted on by the formative power of the machine, different from that of a silk fabric in proportion as that machine has power to act on the materials; and if they be widely different from silk, you may obtain no definite texture at all; and this we take to be an important illustration of many diseased processes. Half the long-standing cases of dyspepsia which give so much trouble to the practitioner and the patient are not the direct offspring of a disorder localised in the stomach, but the expressions of a general cause, or dependent upon functional or other derangements of distant organs.

The Introduction need not long detain us. It contains a short anatomical and physiological summary of the organs. In speaking of the enormous amount of digestive juices—between twenty and twenty-five pounds in twenty-four hours—which it is computed by Bidder and Schmidt is poured out into the stomach and intestines, to be reabsorbed into the circulation after being enriched by the food, the author alludes to our ignorance of what may be the effects of the non-excretion or resorption of these fluids. He asks whether, for instance, the non-excretion or the resorption of pepsine and lactic acid, which must occur in many diseases of the stomach, gives rise to any changes in the blood similar to those induced by the non-elimination of urea. We have long entertained the opinion that the rheumatism which follows fevers characterised by gastric derangement, particularly in warm climates, can be explained in this way; and if rheumatism depends upon lactic acid in the blood, it may be as easily derived from a perverted action of the stomach as from a suppressed function of the skin. The absorption of fatty matters by the lacteals was a subject of experiment by Dr. Fenwick as long ago as 1845. He thinks that these matters enter the vessels before being transferred to the lacteals, and that this takes place by a physical agency, aided by the motions of the villi.

We pass over the author's experiments on post-mortem digestion of the stomach, acute and subacute gastritis, except to notice that he conceives it probable that fermentation is a more general cause of bilious attacks than is usually supposed.

The chapter on the Condition of the Stomach in Fevers is one of the best in the volume. It begins with a description of the alterations of the mucous membrane in cattle plague; but we must pass on to those which accompany scarlatina. He shows that in this disease the gastro-enteric mucous membrane is inflamed, that desquamation occurs therein as it does on the skin, and that the form of inflammation is analogous to that observed on the external surface of the body. The author gives sixteen observations, in all of which there was more or less inflammation of the mucous membrane of the digestive tube.

He accounts for albuminuria after scarlatina by the resorption into the circulation of some of the granular matters deposited in the ends of the gastric tubes. After the cessation of the fever, the poison is gradually removed along with the albumen with which it is deposited, and eliminated by the kidneys, exactly as albumen in a state of solution is when injected into the veins of animals; and an irritative inflammation of the kidney is set up in this way.

In typhoid fever he noticed the appearance of dark-coloured matter in the free ends of the villi, and in two cases he discovered crystals of what he conceived to be leucine. From the result of seven experiments with the view of testing the amount of pepsine, he arrives at the conclusion that the activity of the gastric mucous membrane is diminished in this disease. His conclusions respecting fevers are well worth reading.

In the chapter on the condition of the Stomach in Heart-disease, we meet with some practical remarks on the danger which may arise from the upward pressure of the diaphragm from flatulent distension of the stomach and colon where the power of the heart is enfeebled by age or disease.

The condition of the Digestive Organs in Phthisis is fully discussed. Dr. Fenwick's experience fully corroborates the published statements of Mr. Hutchinson as to the existence of a tuberculous form of dyspepsia. Our author conclusively shows, however, that there are no anatomical changes in the stomach or duodenum peculiar to phthisis. He appears to regard a disproportion in the activity of growth in the tissues and the amount of healthy nutriment presented to them as the leading factor in the production of tubercle. "If the growth of the body progresses more quickly than the digestion can supply a sufficient quantity of properly constituted material, then matter of an inferior organisation will be taken up and employed in nutrition, and disease must be the result." He

illustrates this by passing in review the different conditions and periods of life during which phthisis is most likely to occur.

The chapters on Weak Digestion and Nervous Dyspepsia are very well done. The author evidently agrees with Dr. Paget, of Cambridge, in recognising the existence of a gastric epilepsy. However much a concurrence of causes is necessary to produce the epileptic phenomena, we are quite convinced that the immediate exciting cause of a fit is frequently traceable to some gastric disorder, and that the nervous attack may often be prevented by attention to the digestive organs. In our own experience this connexion has been so common that we are surprised it has not attracted more attention.

That part of the book devoted to a consideration of the morbid changes in the stomach and intestinal villi present in persons who have died of cancer, enters into a series of investigations of a very important character. In no disease, says Dr. Fenwick, are the gastric secreting tubes so greatly destroyed as in cancer of the breast. But this does not seem to be the case to anything like the same extent in cancer of the uterus or rectum. This section of the book is, so to speak, of such close grain, from the number of facts and observations, that we cannot analyse it within the limits accorded to us. Dr. Fenwick's investigations would evidently not lead him to regard cancer as the product of a local malady. Its relations, and in what sense, to the degenerative changes in the body, and the hypothesis that its cause is a something allied to an animal poison, susceptible of being engendered out of such degenerations,—these and the chapters on Ulcerations and other Affections of the Stomach we must leave.

We believe that we know the merits and failings of this work, and there are sufficient of the former to allow of our speaking quite frankly of the latter. There is often an uncertain sound where we require a clear opinion, a generalisation where the facts or observations were too few to warrant any conclusion, and there is an appendix of a statistical character, which is a very tough and puzzling piece of reading, as it must have been of writing.

If, however, we stopped here we should be very unjust to the author, for the book is a good book; considering the number of works on the subject, it is fresh and interesting, and contains the result of great labour and honest as well as minute investigation. The illustrations are about the best we have seen for some time. They are drawn by aid of the camera lucida to a scale by Mr. Tuffen West.

THE ROYAL INFIRMARY OF EDINBURGH.

On Friday, the 17th instant, a large and influential meeting was held at Edinburgh, for the purpose of taking measures for the immediate rebuilding of the hospital of the Edinburgh Infirmary. The Lord Provost presided on the occasion, and he was supported by the Earl of Haddington, Lord Elphinstone, Lord Polwarth, Lord Jerviswoode, the Lord Advocate, M.P., the Dean of Faculty Moncreiff, M.P., Sir David Baxter, Admiral Sir Wm. Hope Johnstone, Admiral Ramsay, Admiral Sir James Hope, Sir James Simpson, Mr. Adam Black, the Solicitor-General, and a large number of the principal citizens.

The Dean of the Faculty and Prof. Spence, having spoken to the claims which the institution had upon the public, a resolution was moved by the Rev. Dr. Nicholson, and seconded by Lord Haddington, to the effect—"That as the present medical hospital is not adapted to the requirements of modern times; as its wards are much too confined, and the accommodation otherwise inadequate; as the proximity of the buildings in front of the University renders it impossible to secure the free air and ventilation which are desirable; and as the structure is in many respects falling into decay,—this meeting is of opinion that the hospital should be rebuilt, that the present site should be retained, and that the site of the houses in front of the University should be acquired for the extension of the building, as unanimously approved of by the managers of the infirmary, the court of contributors, and the medical officers who have been consulted."

The managers of the infirmary have £40,000 in hand for building purposes, and £60,000 more are needed for the execution of the work that is considered necessary. The Lord Advocate and Dr. Moir spoke to this effect. A very handsome subscription list was announced at the close of the meeting, amounting to about £27,000, including thirteen subscriptions of £1000 each, five of £500, two of £400, two of £200, &c. A Committee was then appointed to co-operate with the Managers of the Infirmary and the Acting Committee to raise the remaining sum required. Since the meeting other sums have been contributed.

PATHOLOGICAL SOCIETY OF LONDON.

THE observations of Cohnheim, to which we gave especial prominence last week, are exciting much attention amongst pathologists. Dr. Bastian brought the subject before the Pathological Society on Tuesday last; and demonstrated the passage of the blood-cells through the capillaries and into the tissues outside them in the web of the frog's foot. Dr. Bastian referred in detail to the subject of the production of petechial patches in the frog's web and in the internal organs of frogs and rabbits as a consequence of venous stasis, &c., by the escape of the blood-cells from the vessels; to the assumption that the capillaries possess apertures in their walls; to the phenomenon of the migration of the cells through the vessel-walls by the agency of amœboid processes; to the active changes of form observed to take place in the cells after they arrive at the tissues. Admitting that such changes of form might happen in corpuscles virtually dead, in the ordinary acceptation of the term, as in bloody urine, he gave it as his opinion that the escape of the red corpuscles was not in stasis due entirely to a mechanical cause—the obstruction,—but in great measure to an active and inherent power similar to that observed in the case of the white corpuscles, there being no lacunæ in the vascular walls, the corpuscles protruding before the tissues, and finally escaping through an aperture made by the yielding of the walls before the outcoming cell. However, the actual passage of the cells through the capillaries was well seen by those who examined the specimens submitted by Dr. Bastian.

MOVEMENT OF DISEASE.

THE publication of the "Twenty-ninth Annual Report of the Registrar-General of England" brings us the usual commentary by Dr. Farr on the causes of death in the year (1866) to which the report refers. The rate of mortality in that year was 23·6 per 1000 of the population, against an average of 22·4, the excess being in part due to the cholera epidemic, as well as to the unhealthy influence of ungenial weather at the commencement of the year. Out of an aggregate of 500,689 deaths registered in 1866, the causes were not specified in 8578 instances, of which 3585 cases were returned simply as "sudden death," or "found dead," and in the remaining 4993 cases the causes were either not specified or ill defined.

Zymotic diseases were fatal to 115,972 persons, or to 5·52 in every 1000 living, the ratio of fatality being 23 per cent. of the total deaths whose causes were specified. The mortality by this class of diseases was at the average annual rate of 5·23 in the five years 1850–54, of 5·04 and 4·90 in the two next quinquenniads, and of 5·49 in the year 1865. Diseases of a *miasmatic* origin caused 110,059 deaths, a larger number than occurred in 1865, but fewer by 3000 than were returned in 1863 and 1864. The increasing fatality of *enthetic* disease is shown by the rise of the mortality from an average of 62 per million of the population in the fifteen years 1850–64, to 67 in 1861, to 77 in 1863, to 87 in 1864, to 94 in 1865, there being a slight reduction to 90 in the succeeding year. The *dietic*

group shows a similar augmentation, from a fifteen years' average mortality of 107 per million, to 137, 142, and 137 in the three successive years 1864–66. The *parasitic* group, which caused an average mortality of 57 per million in 1860–4, was fatal to 69 and 54 per million in the two following years.

Of many of the specific diseases comprised in the foregoing groups, the fluctuations in the rate of mortality are suggestive and interesting. Thus small-pox, which killed 66 and 81 per million in 1861 and 1862, carried off, in the four following years, 293, 373, 309, and 144. Measles is one of the most fatal zymotic diseases, exacting year by year a large sacrifice of infant life chiefly, having, however, its periods of increased activity, of which the years 1866 and 1863 were examples. Scarlatina and diphtheria were much less fatal in 1865 and 1866 than in the two previous years; but their death-rate is still excessive. Whooping-cough was nearly twice as fatal in 1866 as in either of the two preceding years. The mortality from typhus in 1866, as in 1865, was higher than in any year since the four years' epidemic, 1851–4. Diarrhœa caused 17,170, and cholera 14,378 deaths in 1866, as compared with 23,531 from diarrhœa, and 1291 from cholera in 1865, in which latter year the first of these diseases was much more fatal than at any time since 1857. The deaths registered as the result of syphilis rose from 957 in 1857, to 1245 in 1862, to 1550 in 1864, and 1662 in 1866—a conclusive proof (if, indeed, any were wanting) that protective measures of a far more comprehensive character than those now in force are imperatively called for in the interests of the community at large. That in ten years the deaths from "want of breast-milk" should have increased two-thirds, is a lamentable fact, which is well worth serious investigation. Purpura and scurvy appear on the registers as causes of death nearly twice as often in 1866 as in 1857.

Constitutional diseases show little variation in the rate of their fatality from year to year; but in the *diathetic* order the mortality from gout appears to be increasing, from cancer the increase is very appreciable—8293 lives were lost by this disease in 1866,—while from dropsy there is a decrease. In the *tubercular* group we have the disease which uniformly occupies the position of being the most fatal of all maladies,—phthisis; 55,714 deaths, more than a tenth part of the aggregate mortality, were registered therefrom in 1866. The rate of death from phthisis has varied only within a comparatively limited range in the last seventeen years, as will be seen in the subjoined statement, wherein for obvious reasons it is put in comparison with the mortality from the two principal lung diseases:—

Deaths to 1,000,000 *persons living.*

	Phthisis.	Bronchitis.	Pneumonia.	Total.
1850	2624	822	1143	4589
1851	2781	978	1245	5004
1852	2826	953	1196	4975
1853	3034	1237	1331	5602
1854	2791	1092	1280	5163
1855	2822	1467	1406	5695
1856	2601	1144	1204	4949
1857	2627	1341	1230	5198
1858	2616	1509	1374	5499
1859	2572	1332	1257	5161
1860	2599	1648	1287	5534
1861	2611	1558	1152	5321
1862	2533	1617	1179	5329
1863	2511	1574	1189	5274
1864	2578	1894	1189	5661
1865	2587	1754	1083	5424
1866	2653	1968	1198	5819

These three diseases, therefore, account together for 5·8 out of the 23·6 deaths registered in 1866 to every 1000 of the population.

Dr. Farr deduces from the statistics of death caused by diseases of the respiratory organs the practical inference that an effort should be made to diminish the smoke of towns, as the most obvious means to reduce the present excessive fatality of those diseases.

Local diseases, including "all the recognised inflammations, which give rise to general derangements both of the nerve-force and of the circulating blood, but produce specific changes of particular organs," caused in 1866 an aggregate of 192,444 deaths; of these 61,164 cases affected the brain and its accessories, 22,190 the organs of circulation, 77,249 the respiratory system (66,489 being the result of bronchitis and pneumonia), 21,084 the organs of digestion, and 6621 the urinary organs. Noting the particular diseases comprised within this class, a steady increase is observable in the fatality of apoplexy, paralysis, brain disease, heart disease (from 588 in 1850 to 1099 per million in 1866), bronchitis, lung disease, liver disease, nephria, diabetes, cystitis, diseases of the kidneys, uterus, joints, and skin. Of some of these diseases, Dr. Farr remarks that they have only recently been distinguished from others with which they were liable to be confounded; he also recognises the great progress modern surgery has made, which he is able to trace by its beneficial effects in the death registers—the diminished mortality from stone and ovarian dropsy for example.

In the class of developmental diseases, which are chiefly fatal in infancy and old age, there is an increase under most of the heads except that of "old age," wherein the diminished rate of mortality indicates that fewer persons are surviving to a period of life when death supervenes, not as the result of disease, but of the gradual attainment to the limit of the bodily powers. 8943 children were prematurely born in 1866; 2485 mothers died in childbirth, in addition to 1197 from metria; 28,546 deaths occurred from "old age;" and 31,097 old and young persons succumbed to "atrophy and debility."

The violent deaths in 1866 amounted to 16,915; the number increased from 13,852 in 1857 to 17,374 in 1865, declining in the year following. In the fifteen years 1850–64 the deaths by violence of every kind, including accidents, negligence, suicide, and murder, were in the proportion of 753 per million of the population; in the three quinquenniads the proportion was successively 746, 742, and 770; in 1863 it rose to 772, and in the three following years to 826, 835, and 807. In reference to the reduced rate of mortality from burns and scalds, it is calculated that the deaths therefrom, which numbered 2553 in 1866, would have amounted to 3415 at the rate of fatality which prevailed from the same cause in 1860: this represents, therefore, a saving of about 880 lives in one year from the accidents of fire. The deaths by poison decreased from 26 per million in 1850 to 19 in 1866, a result which is ascribed to the better regulations for their sale, and to the greater precautions of chemists and druggists. Dr. Farr, however, thinks that still further restrictions and precautions are required to reduce poisoning to its lowest pitch: "406 deaths by poison—that is, 278 by accident or negligence according to verdicts, and 128 by suicide—make a large number. If science discovers poisons it is its duty, as it is indeed congenial to its nature, to discover safeguards and antidotes." In conclusion, Dr. Farr calls attention to the fact that although deaths by accident attract adequate attention when many persons are killed at the same time by great explosions in mines, or by formidable collisions on railways, the causes of the greatest number of such deaths escape public notice. Street accidents from horses and carriages kill more people in a year than railways; and falls of stone and other substances which knock men on the head one by one in mines, are much more fatal in the aggregate than explosions. The publication of the registered facts brings these occult evils to light, and will in the end lead no doubt to the discovery of remedies.

NEW MODE OF COMPRESSION OF ARTERIES.—Now that digital compression has done wonders, some surgeons find it to be very tedious, difficult of execution, &c.; so M. Sarazin, of Strasburg, proposes to steady the limb by a starch bandage, and marking on the latter, when dry, the course, say of the femoral artery. Two fenestræ are now to be cut through the bandage where compression is to take place, and cork pads fitted into the fenestræ, the former rising two or three inches above the bandage. By rollers carried around the pads, and made more or less tight, compression is effected, the starch bandage preventing the rollers from acting upon the circumference of the limb.

THE LANCET.

LONDON: SATURDAY, APRIL 25, 1868.

THE papers by Dr. PARKES which have appeared recently in our columns will have the attention of all persons who take an interest in medical education. Dr. PARKES is possessed of every qualification to speak on this subject, and he speaks with so much earnestness that even those who differ from him will seriously consider whether they or he are in the wrong.

Recent discussion on this subject has taken almost exclusively one shape—that of criticism of the modes by which medical knowledge is to be tested. There has been well-nigh an entire avoidance of the question how medical knowledge is to be acquired. Yet the two questions are quite distinct. We have nothing to say against the generally, the almost universally unfavourable verdict which has been passed on the common examining bodies of the country, and especially on the College of Surgeons of England. But, as we lately remarked, if the examining bodies were made what they should be to-morrow, it would only enhance the necessity which exists for reconsidering the mode of medical education. Nobody pretends that we have arrived at a satisfactory mode of teaching medicine, or that the best use is made of the time over which medical education extends. The idea which has been most prevalent lately has been to leave men to their "own sweet will" in the matter of education, only guaranteeing that they should pass through a severe ordeal before entering the profession. In these circumstances it is satisfactory to see one so eminently qualified as Dr. PARKES attempt the discussion of medical education in itself. For, whether compulsory regulations are to be retained or not, there must be good and bad methods of teaching. It would be strange indeed if in this vital matter the most diverse methods were equally good, and the most disparaged methods were really efficient.

Let us try to indicate the leading views of Dr. PARKES on medical tuition. The thing which will strike most readers of his papers is the light esteem in which he holds mere lecturing as a mode of teaching. In every department he would ruthlessly reduce the amount of lecturing to a "few clear lectures," and begin with practical tutorial teaching. In chemistry, he asks, "would it not be much better to begin at once with practical teaching, making every student perform the experiments which would lead him step by step, and give him sure ground at every point; and then, when he had some idea of elementary points, to explain in a few clear lectures, the generalisations which bind together and explain the scattered facts he has practically learnt?"

He is equally explicit in favour of a practical and tutorial system of teaching Anatomy. "Could not a complete tutorial scheme be throughout adopted, and classes of limited numbers be formed, directed, it may be, by the demonstrators or older students, and superintended by the teacher, in which, commencing with the bones in their hands and then passing on to the soft parts, the student should go over and over again the important practical points?" So with Materia Medica—which Dr. PARKES would entirely separate from therapeutics—"it should, like anatomy, be taught tutorially." The drugs are to be in hand, and there "should be little formal lecturing."

It is impossible not to see that there is a most extensive agreement of opinion as to the inefficiency of lecturing as a mode of teaching. The majority of students either do not attend the lecture, or, being present, do not follow the lecturer, and even if they did, the benefit must be slight and evanescent. Nearly all the lectures which one remembers with any satisfaction have been of the clinical, practical, or demonstrative order. This opinion is not held only by outsiders and onlookers. It is shared by teachers, and we believe that good teachers are quite prepared for an entire change of this part of their duty.

It is an essential part of Dr. PARKES's plan to secure frequent tests of the progress of the student by frequent examinations in his own school. We feel sure that this is an important point. And we have the opinion that at the end of each session a part of the licensing examination should take place, covering the work that has been occupying the student during the session. The near prospect of an examination is the stimulus to make men work well, and is one great advantage which the mere grinder has over the regular teacher.

While Dr. PARKES's tutorial idea of medical education would involve less lecturing, it would involve more teaching, and therefore more teachers—a want which would have to be met by the introduction of a greater number of young physicians and surgeons into the teaching staff of a school.

Before noticing briefly the disposal of subjects in Dr. PARKES's plan of teaching, we may observe that he insists strongly on a point which we urged in the course of last year, and in opposition to a procedure of the College of Physicians—namely, the necessity of four medical years as the minimum period of professional study. A recommendation of the General Council on this subject should meet all the requirements of the case, and while leaving men theoretically to pick up knowledge as they best could, would practically ensure as much uniformity in the educational process as is desirable, having regard to the differences in men and in their preparation for the reception of technical and professional knowledge. Be this as it may, we have the high authority of Dr. PARKES for considering that for the average run of men anything less than four years of proper medical study at a recognised school of medicine is too little, that pupilage or short apprenticeship to a practitioner is a mere waste of time and occasionally worse than this, and that the regulations of licensing bodies permitting twelve or eighteen months to be so spent after the entrance examination are to be condemned. As Dr. PARKES points out, such regulations are in opposition to the scheme of study adopted by the Medical Council. They come, doubtless, not from any simple wish to be disrespectful to the General Council, but from the sore and most unseemly competition of the licensing bodies. We wish we could see a probability of the fusion of these, we will not say into one central body for the whole kingdom—this is too millennial—but into at most three central bodies, one for each division of the United Kingdom.

The details of Dr. PARKES's plan are full of interest, and must be studied minutely. We can only indicate the principal elements of that education which, in his opinion, will make the best physicians and surgeons. They will be seen at a glance by looking at the tables. He proposes a rearrangement of the sessions, giving a winter session of five months and a

summer one of four. He aims at securing a thorough knowledge of Anatomy and Chemistry, to which he devotes the entire first winter session. In the first summer session, Toxicological Chemistry, Materia Medica, Physics, and Botany fall to be studied. In the second winter session, the student is still detained in the region of Anatomy and Physiology, but with more practical bearings. The anatomy is more regional and surgical. Physiology is commenced by the microscopic study of the tissues by the student himself. This will surprise some teachers. But Dr. PARKES is probably quite right. This microscopic study of tissues is really an extension of the anatomical study, and is essential to the most elementary teaching of physiological processes. After making a personal acquaintance with the minute structure of tissues, pure physiological lectures follow, accompanied by experiments in physiological chemistry.

In the second summer Physiology in its more practical relations is studied; in addition, practical Pharmacy and Dispensing. In the third winter and summer session the student has to learn that man is apt to have his fine anatomy and pure physiology deranged in the actual battle of life, and he has work enough in the study of Medicine and Surgery. Dr. PARKES would commence this, not with cases, but with tutorial courses explanatory of medical terms, &c. This is a slight departure from Dr. PARKES's general procedure, for which we scarcely see the reason. With this exception we entirely concur with him in his mode of teaching the students after admission into the hospital, and in his praise of the methods of clinical teaching pursued by Dr. BENNETT, Dr. GAIRDNER, and Dr. RUSSELL REYNOLDS. He advocates small and manageable classes in the hospital, with a larger number of teaching physicians, and specially urges more attention to Pathological Anatomy and Pathological Chemistry. The number of formal lectures is reduced to two daily.

In the fourth winter the student is to learn the great lesson of responsibility for doing the best with disease, and to have a sort of charge of out-patient cases, under the physician of course. Dr. PARKES distinctly disapproves of his introduction to the out-patient department until the fourth year. This department, the hospital wards, midwifery and diseases of women and children, including attendance on midwifery cases, represent the work of the session. The summer session of this year is, on Dr. PARKES's plan, the hardest of all. The student is to attend Midwifery, study Therapeutics, in the large and philosophical sense of the word, Medical Jurisprudence, and State Medicine; and in addition, to have a course of Operative Surgery.

There may be differences of opinion as to details, but most will admit that this idea of medical education is a large and practical one. Dr. PARKES realises the necessity for selection of subjects and limitation of teaching; but he omits nothing that is essential, and would give both a practical and philosophical character to medical education. He differs from Mr. SIMON in thinking that we cannot dispense with regulations; that we want more instead of less, at any rate while the licensing boards are so numerous and so faulty as at present. Dr. PARKES has most ably and earnestly put this great subject before the schools and before the profession, and we can only hope that his papers will initiate a discussion on the methods of medical education which shall result in the remedy of those great defects we all admit and deplore. It is evident that great changes of method are needed, and if we are to insist upon the licensing boards reforming themselves, we must not excuse the schools from doing the same.

THE establishment of a dispensary in a country town is a common event, that has hitherto attracted a mere passing notice in the local press. But it would seem likely to be regarded in the future with considerable anxiety by the profession. The explanation is to be found in the present attitude of medical men in regard to gratuitous medical services, which declares itself against the countenance, and certainly the formation, of new institutions which do not recognise in some way the justness and necessity of making a return, inadequate though it be, for the services rendered by the medical staff attached thereto.

Our attention has been called to a case in point. It has been proposed that Bridlington, a town of 7000 inhabitants, shall have a dispensary, and a Miss LLOYD has given a handsome sum towards its foundation. The local press eulogises the scheme, and everyone expects that the medical profession will render gratuitous services, declaring with remarkable unanimity that, in a financial point of view, it will not suffer. No doubt there are plenty of persons in Bridlington ready to abuse medical practitioners for a want of charity unless they are prepared to fall in with the wishes of the promoters of the dispensary. This means, in plain English, that everyone's services are to be paid for except the doctor's. It is this mode of estimating the work and talent of practitioners that we are now-a-days about seriously to oppose. The public must be "educated" to know that a few years since a duly-qualified medical man was created in nine months; now it takes four years or more, with a proportionate increase in the expense. Things have altered, and the public must accommodate themselves to the change. We have expressly stated that a reform must commence, and it seems to us that the establishment of new institutions is the most fitting opportunity at which to terminate the old, and institute a new order of things, which shall do away with the conditions which press hardly upon the profession. We may not feel disposed lightly to disturb the old, but we need not perpetuate the errors of the past. Now, at Bridlington it is, in the first place, deemed unnecessary to appoint a paid house-surgeon. We have no hesitation in at once calling upon the promoters of the institution to abandon this idea. It would be dangerous to the public safety that the dispensary should not be in charge of a qualified man responsible in emergencies. It would be jeopardising the lives of applicants for relief, and especially as it is proposed to unite a lying-in charity with the dispensary. There is no distinction in principle between public and private morality. The individual, if he create engagements which he is not justified in undertaking, and cannot meet them, is not held to be blameless. Why should it be otherwise with public institutions? We hold that there is too great laxity on this point. With regard to the class of patients likely to attend the dispensary, we are informed that "it is precisely those whose self-respect keeps them from seeking parish aid, and who find it difficult—nay impossible—to pay, that the profession would be called upon to prescribe for at the dispensary." But this is no reason why the medical practitioner should be compelled to work without remuneration.

THE leading daily journal appears to have embarked upon a crusade against special hospitals, and in so far as its thunderbolts are directed against the system of creating small charities for the benefit of the promoters thereof rather than for that of the poor recipients of relief, we entirely agree with the writer that the greater part of the funds subscribed by the public is wasted. The writer in *The Times* could hardly, however, have chosen two institutions less comparable than the Royal Ophthalmic Hospital, Moorfields, and the Hospital for Sick Children in Great Ormond-street. Dr. WEST'S reply we cannot but regard as a most complete answer to the editor's strictures, since he shows most conclusively that it is unfair to contrast the expenditure of an institution which from the nature of things has to deal with comparatively slight ailments *quoad* life and death, with the other, which both from the character of the diseases and from the youth of the patients, of necessity incurs expenses which are unknown in ophthalmic practice.

The letter of F.R.C.S., showing how the London Hospital embraces all the departments of special practice, must be taken as an ingenious bid for subscriptions for that excellent charity. The case of the London Hospital is, however, not singular. Most of the metropolitan hospitals have *special* departments, where peculiar classes of disease receive particular attention; and on this ground alone the London is therefore by no means peculiar. But it is peculiar in the fact that, notwithstanding the great and varied field offered by its own special departments, the London Hospital boasts upon its staff more members connected with the special institutions of the metropolis than probably any other hospital. Its late senior physician and one of its assistant-physicians are the founders of a special hospital for diseases of the throat; and three other members of the medical staff are, or have been till quite a recent date, associated with special institutions connected with nervous affections. But one of the surgeons surpasses all his colleagues in pluralities. Not content with the enormous field for practice offered by the London Hospital, he is surgeon to the very Ophthalmic institution to which we have referred, and is also surgeon to an institution for the treatment of the diseases of the skin. Two of the assistant-surgeons also are connected respectively with special Ophthalmic and Orthopædic hospitals. Whatever may be the advantages offered by special institutions for the collection of large numbers of similar cases for observation, there can be no question that the contributions of the charitable are to a great extent wasted in details which are not intended by the contributors. If *The Times* can do something to check that indiscriminate charity which tends to pauperise the lower classes of the community almost as much as does almsgiving in the streets, it will achieve a good work, and will deserve the thanks both of the profession and the public.

Medical Annotations.

"Ne quid nimis."

MEDICAL SOCIETY OF LONDON.

THE attention of the Medical Society of London seems to be specially directed at the present time to the subject of anæsthetics. On Monday night Mr. Peter Marshall read an excellent practical paper on the value of Bichloride of Methylene for the production of general anæsthesia. Mr. Marshall has constantly administered this agent during the past six months, both in private and hospital practice, and for the performance of capital operations, and he has arrived at the conclusion that it is preferable in all respects to chloroform. Mr. Marshall referred in detail to the discovery of the bichloride of methylene, pointing out that this was a matter of pure induction; and he contrasted the agent, in its chemical composition and characters, with ether and chloroform, arguing that it possessed —what *à priori* we should be led to expect—properties of an anæsthetic in an eminent degree, comparing in this respect favourably with other agents now in use. Mr. Marshall declared that his experience led him to conclude that the bichloride of methylene was more manageable than chloroform; that anæsthesia was more readily produced by it, and more persistent; that there was less excitement and what might be called inebriation than in the case of chloroform; and that its exhibition was not followed by headache or prostration, nor so frequently by vomiting. It had never yet proved fatal, and in those animals that had been killed by it there was found less disturbance of the equilibrium of the circulation, as shown by the congested and loaded state of the right side of the heart and lungs. Mr. Marshall observed that the price could not be said to offer any objection to its introduction, because the quantity required to be used was not great. He discards all complicated apparatus, and uses what amounts practically to a cupped sponge fitting over the mouth. About half a drachm is first used, so that the patient may get accustomed to the slight pungency of the anæsthetic. When the operation to be performed is slight, the insensibility should be rapidly produced by a free use of the agent; but when the operation is severe, the anæsthesia should be more slowly brought about. A good deal of squinting is observed during the exhibition of the bichloride; but this need cause no alarm—it has no more dangerous significance than the upturning of the eyes during chloroform inhalation. Mr. Marshall mentioned several cases in which he had given the bichloride for tooth extraction, and he did not observe any of the disagreeable after-effects of chloroform to follow. Mr. Clover referred to the success of the exhibition of chloroform by his method, and implied that many of the disagreeable after-effects of chloroform were due to the improper mode in which it was administered. He, however, expressed himself as gratified at Mr. Marshall's statements. The paper, we understand, will shortly be printed in a separate form, and the profession will then be able, after a careful study of it, to determine how far the bichloride of methylene is likely to supplant chloroform. We should add that it is not unlikely that impure compounds may find their way into the market, and act unfairly in the determination of the value of the agent as an anæsthetic.

THE MIDDLESEX HOSPITAL.

THE Report from this important institution contains for the first time, in addition to the customary financial statement, a record of the cases under treatment in the medical and surgical wards, with the results of such as in anywise terminated during the year 1867.

The total number of patients admitted in the year was 22,971: of these, 2069 were received as in-patients, including 976 cases of accident or other urgency; and the out-patients numbered 20,902, amongst them being reckoned 7464 cases of accident. The total number of patients under treatment in the medical and surgical wards was 2287; of whom 1648 were discharged recovered or relieved, 59 went out unrelieved, 101 were discharged at their own request or for other reasons, and 252 died in hospital. The entire mortality was at the rate of 12·2 per cent., but exclusive of surgical cancers 10·4 per cent. In the medical wards the mortality was 15·87 per cent.; in the surgical wards 7·8 per cent. including surgical cancers, but 4·1 per cent. exclusive of those cases. Post-mortem examina-

tions were made in 141 cases of death in the medical wards. From a table showing the principal morbid conditions met with and their association together, it appears that in no less than 47 cases (33 per cent. of the whole) some form of Bright's disease of the kidney was present, in 38 cases the disease being of the contracted granular form; in 22 cases there was valvular disease of the heart; and in 20 cases tubercular disease of the lungs was present, only 3 of which were associated with Bright's disease: more than half of the aggregate deaths therefore resulted either directly or indirectly from these three diseases. The great majority of the cases of cardiac disease, not dependent on Bright's disease, were the result of rheumatic fever. Recent pericarditis occurred 15 times, in 7 of which it was associated with valvular disease, and in 5 with Bright's disease. Only 4 cases of pericardial adhesion were met with; and Dr. Cayley, the medical registrar, remarks that a comparison with the number of cases in which pericarditis was recovered from tends to show that the usual result of this disease is complete recovery, and not adhesion. White patches on the heart, probably the result of pericarditis, were noted 9 times. Obsolete tubercle of the lungs was met with 10 times—five times in association with contracted granular kidneys, twice with bronchitis and emphysema, twice with disease of the mitral valve, and once with epithelial cancer of the œsophagus. Cancer was discovered in 5 cases, in neither of them being associated with either valvular disease of the heart, Bright's disease, or recent tubercle. The table giving the particulars of 150 cases of cancer admitted into the surgical wards is very interesting. No special note of treatment beyond mention of operations and their results has been tabulated; but Mr. Arnott, the surgical registrar, states that it is the custom in the hospital to sponge into the raw wound after removal of cancer a solution of chloride of zinc, and also that in certain cases deemed unfit for operation an injection with acetic acid has been used.

UNQUALIFIED ASSISTANTS.

No question of the present day has a more significant bearing on the interests of medical practitioners than that of the employment of unqualified assistants. Undoubtedly it is most desirable that every person practising medicine in any way should have given sufficient evidence of his ability to treat disease. There have been many causes at work, however, for a long period, which have interfered with or prevented such a wholesome regulation being carried out. Not the least of these have been the inability of the practitioner, both in private and public practice, to pay a qualified assistant, and the scarcity of such assistants at the present time. We should rejoice, in the interests of both the public and the profession, if unqualified assistants were universally dispensed with; but this must be a work of time. The Poor-law Board have, through their secretary, called the attention of boards of guardians to the subject. The letter of Mr. Fleming says:—

"In order to ensure efficient medical aid to the sick poor, the regulations in force require all medical officers to possess legal qualifications to practise medicine and surgery; and it is obvious that, if such medical officers are permitted to delegate their duties to unqualified assistants, the object of the regulations is defeated. The Board feel it necessary, therefore, to request the co-operation of boards of guardians in discouraging altogether the employment of unqualified assistants. The Board have no desire, however, to deprive the medical officers of the aid of legally qualified assistants, and they therefore desire to point out that the medical officer may nominate his assistant, when duly qualified, to act as his substitute under the circumstances mentioned in Article 200 of the General Consolidated Order, to which the Board have already directed the attention of the guardians."

Certainly the Board is generous in not wishing "to deprive medical officers of the aid of duly qualified assistants," and in allowing a duly qualified practitioner to act as the substitute of the medical officer. But the Board have taken only a one-sided view of the matter. Let them counsel boards of guardians to act more liberally and justly to their medical officers. Should the guardians do this, there would be little or no difficulty, in most cases, of preventing the employment of unqualified assistants, so far as the Poor-law service is concerned.

THE COLLEGE OF SURGEONS.

THE Council of the College of Surgeons has been specially summoned for Monday next to elect an Examiner in the place of Mr. Wormald, resigned. It is impossible, of course, to predicate the secret votes of the members of that body, but we anticipate that the choice of the majority will probably fall upon one of the three members of Council next in seniority to the Court—Messrs. John Adams, Lane, and Busk.

We are glad to hear that Professor Huxley finds he will be able to undertake the duties of his office if elected, and will therefore send in his name for the appointment. Although Mr. Huxley had expressed, as we stated last week, a fear that he would not be able to undertake further duties at the College, he has never "definitively resigned his post," as stated elsewhere; and it happens that "our distinguished *confrère*" so confidently named by our well-informed contemporary as Mr. Huxley's successor is not a member of the College of Surgeons, and is therefore ineligible for the office. Mr. Huxley is likely, however, to resign ere long, and we shall then hope to congratulate Mr. Flower as his successor.

OUR SUPPORTERS IN THE HOUSE.

IT is very much to be desired that medical men who possess votes for the borough of Lambeth should support Mr. Hughes at the next election. Mr. Hughes is a man whose sympathies are with all those worthy objects which are connected with the improvement of the health and well-being of the poorer classes. He showed a very laudable feeling for the interests of the sick poor in the recent discussion in the House of Commons about that audacious job, the appointment of the master of Lambeth Workhouse; and he refused on that occasion to be extinguished by the wet blanket of official blarney which Sir M. Beach attempted to throw over the inquiry raised by Mr. Percy Wyndham. We do not profess to pledge ourselves to the soundness of all the opinions which Mr. Hughes may hold; but we do say this, that the country has sore need of men of his manly courage and honesty, his power of sympathy with the nation's wants, and his habit of going directly and unwaveringly towards the objects at which he aims.

HEALTH OFFICERS' ASSOCIATION.

AT the meeting of the Metropolitan Association of Medical Officers of Health, on Saturday evening last (Dr. Druitt in the chair), Mr. Taylor, of Romsey, read a paper on his system of dealing with the sewage difficulty, of which an account was given in THE LANCET of October, 1867. The plan implies the separation of the fluid and solid matter, and the application, by means of a self-acting apparatus (of which models were exhibited), of fine ashes and deodorising powder to the solid fæces, the liquid excreta running away as waste into the drains. No discussion was taken upon Mr. Taylor's plan, as the adjourned consideration of Dr. Letheby's objections to the water-theory of choleraic propagation was on the agenda paper; though, for any practical or in any way useful purpose, the time spent in listening to the reiteration of statements that have been flatly contradicted, and, in fact, carry their own refutation upon the face of them, might as well have been saved. It is useless to argue with a person who will have it assumed as a basis of argument that he is necessarily right and you, of course, hopelessly wrong. Dr. Letheby asserts that all the official reports of the General Board of Health, the Registrar-General, and the Medical Officer of the Privy Council, are unreliable as evidence in regard to the propagation of

cholera by water, because, forsooth, they all start from "a preconceived opinion," instead of being the legitimate issue of observed facts! On this question the verdict of the medical profession is almost unanimously on the side of the official reports and against Dr. Letheby.

THE EPIDEMIC AT THE MAURITIUS.

The late hurricane is described by our correspondent as terrible; and the destruction to property, crops, and houses must necessarily have the immediate effect of increasing the sickness and mortality by augmenting the poverty and want of the inhabitants. But it is confidently anticipated that it will produce a very sensible effect upon the health of the place. The reports speak of the fever as declining; the number of cases, and especially the mortality, being much more favourable than during last year. Disease continues to be very rife, however, among the indigent classes, whose sufferings will be great from their exposure consequent on the storm. Now that the regiments have been almost entirely removed from Port Louis, the number of fresh fever cases is relatively small, although a considerable number of men have suffered from relapses. The troops occupying encampments have, of course, had to rough it very much. It is curious that while the roofs of two civil hospitals fell in from the effect of the hurricane—the patients being fortunately outside,—the military hospitals were not materially damaged. The local Commission of Inquiry into the causes of the epidemic is in a large measure compounded, we understand, of military men, who may be trusted at any rate to look after the interests of the garrison.

PROPOSED CEMETERY AT VENTNOR.

There is considerable excitement in Ventnor in reference to the selection of a site for a cemetery. A spot has been fixed upon by the Burial Board at the north-west extremity of the town, and at the edge of what is known as the Rew Down. The selection of this spot has occasioned the liveliest dissatisfaction, and it has been almost unanimously condemned at a public meeting of the ratepayers. We cordially agree with those who disapprove of the Rew Down as a site for this purpose. Our readers who know Ventnor will remember this spot as a very prominent one viewed from either the beach or the St. Lawrence-road—necessarily the principal walks of invalids. It does seem a very objectionable course to obtrude a cemetery on the view of those who repair to Ventnor in great numbers, and who need all the reassuring and pleasant influences that even it can afford. The spot in question is, moreover, exposed to strong south-westerly gales in a way that would be apt to increase the number of funerals in the course of the year. In addition to these most forcible objections, as they seem to us, there is another. It is argued that the projected cemetery will overlie the water-source of many existing houses, and of many more that may be expected to be built on the Steep-hill estate. The geological opinion of the neighbourhood is divided as to the force of this objection. But while geologists differ the public will decide that it is a most unsatisfactory idea that a cemetery should have the chance of making any contribution to the drinking-water of Ventnor.

Ventnor is a beautiful place. But if it is not sanitary in its arrangements it is nothing. It has an enviable position in the list of healthy towns in England, and we shall be exceedingly sorry if the Burial Board should persist in their determination to place a cemetery in a situation at once insalubrious, inconvenient, and obtrusive.

MEDICAL TITLES.

A case of assault was tried last week in which the parties were both members of the medical profession. We do not desire to refer to the particulars of the assault, which was of a disgraceful character; but rather to call attention to the origin of the quarrel which ended in violence, as it serves to show the present anomalous position of a great number of gentlemen who hold but one qualification. In the above case the plaintiff possessed only the licence of the Society of Apothecaries, the defendant only the diploma of the Royal College of Surgeons. The quarrel really originated in these facts. For the plaintiff, it was brought out in evidence, had said the defendant was "not a medical man at all, and could be fined £25 and put into prison" for practising. The defendant, on the other hand, said the plaintiff was "not a qualified surgeon, and could not perform surgical operations." The defendant had "surgeon" over his door, and attended cases of midwifery. Now this quarrel about titles is not only absurd, but calculated to do us much harm as a profession. Both these gentlemen were in the wrong; for, in reality, neither of them is fully qualified to practise medicine and surgery. The remedy for such a case as this, and for various other anomalies in respect of professional titles and qualifications, is the establishment of the "one faculty" system, or a joint examination by the two Royal Colleges, which all persons who intend to practise generally should be compelled to pass.

A REMARKABLE CASE OF POISONING.

An inquest was held last week at Bristol on the body of a barmaid who poisoned herself with oxalic acid. The evidence went to show that the deceased took three quarters of an ounce of the poison, dissolved in warm water highly charged with lime; and that she died ten minutes afterwards. It is remarkable, as Mr. Herapath informs us (who gave evidence at the inquest), that she vomited almost all the poisonous material, as the coats of the stomach retained by absorption only two grains of the oxalic acid. There was nothing to be found in the contents of the stomach, which were merely effused blood. The stomach was intensely red and inflamed in that short period. The hot lime-water acted as an instantaneous emetic, and came up almost as it was swallowed—"a milky-looking fluid," capable of precipitating a large quantity of lime. The woman died of course from collapse, which would be produced by oxalic acid.

THE SPREAD OF INFECTION.

A valued correspondent, who recently wrote to us on this subject, has published a letter in *The Times* which refers to a most important topic—the part which the tramp-class at present takes in the diffusion of contagious diseases. We wonder how much longer the country will allow the present system of legalised vagabondism, which propagates moral and physical plagues all over the country, to exist unchecked. It is clear that till the law interferes with a high hand, and takes upon itself to regulate the movements of persons without fixed occupations, one of the most fertile sources of disease and crime in this country will continue to exist, and will become progressively more mischievous with every year.

WILTS COUNTY LUNATIC ASYLUM.

The seventeenth annual report of this institution shows that the average number of patients under treatment in 1867 was 421, as compared with 416 in the previous year. The number remaining under care at the end of the year exhibits a slight reduction of inmates for the first time (with one exception) since the opening of the Asylum, but Dr. Thurnam remarks that the diminution was chiefly of male patients, among whom the mortality during the year was above the average. A larger proportion than usual of cases were discharged recovered: the average annual percentage of recovery (calculated on the admissions) for a series of years was 42; last year it was 50. Although no epidemic prevailed, the

general health of the inmates suffered more than usual, and Dr. Thurnam ascribes this result to severe weather and sudden changes of temperature exerting an unfavourable influence on the constitutions of many of the inmates enfeebled by age or exhausting disorders, bodily and mental. The mortality was at the rate of 14·7 per cent, which is 3 per cent. above the average; but on comparing the mortality for the sexes separately, it appears that the increase in the rate is nearly confined to the male population. Of the 62 deaths in the year, 19 resulted from cerebral disease, and 24 from thoracic disease (10 of these from pulmonary consumption); 8 deaths were caused by general debility and old age, a proportion which is accounted for by the fact that one-fifth of the inmates have passed their sixtieth year. Dr. Thurnam's statistics are, as usual, full of interesting and suggestive matter.

THE THERAPEUTICAL COMMITTEE OF THE HARVEIAN SOCIETY.

SEVERAL sub-committees have already been formed from the Therapeutical Committee of the Harveian Society to investigate the comparative efficacy of different plans of treatment in selected diseases. Drs. Fuller, Sibson, Sieveking, Hare, Pollock, Broadbent, Sturges, and Mr. Curgenven, will take charge of the subject of rheumatic fever, its course, and treatment by blisters, alkalies, &c.; Drs. Handfield Jones, Pollock, Marcet, Morton, and Mr. Curgenven, the course and treatment of pleurisy; and Mr. Erasmus Wilson, Drs. Tilbury Fox, Hughlings Jackson, Alexander Silver, and Southey, the subject of eczema. A circular explanatory of the objects of the Committee will be issued shortly after the sub-committees have met and determined what particular information is needed. The main object in view is to ascertain what plans of treatment have been found successful by practitioners in different parts of the country, and to put these to the test upon cases selected by each sub-committee. Meanwhile it is hoped that gentlemen in various parts of the country willing to act as honorary local secretaries in the collection of information will intimate their intention to the secretaries of the Society.

FORTHCOMING SESSION OF THE MEDICAL COUNCIL.

WE understand that the General Medical Council will meet on the 18th of June. There seems a prospect of it having plenty of work to do. We sincerely hope that work and opinions may be so matured beforehand as to shorten the sitting of the Council and the reports of its business. Members may be sure that nothing will secure so well the attention of the profession as brevity and conciseness of speech.

MONUMENT TO THE LATE SIR DAVID BREWSTER.

RARELY has so laudable an undertaking been more heartily seconded than that of a memorial statue to the late Sir David Brewster. The proposal came primarily and appropriately from the Royal Society of Edinburgh, before whom so many of the most brilliant doctrines and theories of the late philosopher were introduced. The most influential names, not only in Scottish, but in English and Irish aristocracy, science, and literature, appear as contributors to the subscription list; and we shall expect to see sufficient funds raised for a monument which shall be worthy, not only of the illustrious deceased, but of the romantic city whose attractions it will heighten, and of the artist to whose chisel its execution has been vouchsafed.

PRISON DIETS.

WE have received from the "Howard Association"—a Society which was instituted under the patronage of Lord Brougham for the promotion of the best methods of penal treatment and crime-prevention—a pamphlet calling attention to the recent inquests upon prisoners who have died in prison or shortly after leaving it, apparently from lack of necessary food. The objects of the Association appear to be good, and such as will have the support of medical men and physiologists, if we may judge by the following statement of the views of its promoters:—

"It is not for a moment to be advocated that prisoners should be pampered, or that the element of deterrence should be removed. But at the same time they should be so treated as to be discharged in a physical, and, if possible, *moral* condition for *obtaining an honest livelihood*. It may be remembered, too, that some men will starve on what will well sustain others, and that even the difference of soil and of employment in various prisons renders a varying treatment necessary. Thus on a cold clayey soil, like that of Holloway, more food is required than on a dry gravelly soil, as in some other suburbs of the metropolis. Again, the food ordered in a given dietary may be sufficient if *pure*, but wholly insufficient if otherwise. Contractors may convert milk into 'milk,' and furnish 'meat' instead of meat, and may greatly deteriorate the quality prescribed for bread. The Government Commissioners on Irish Gaols have recently recommended (1868) that a lactometer shall be in daily use in every prison; that the supply of vegetable diet shall be increased; that prison 'gruel' shall be discontinued, its nutritive value being next to nothing, and that a *bond-fide* inspection of food shall be made daily by the governors and surgeons of prisons."

THE "DICKINSON MEMORIAL SCHOLARSHIP."

A SUM of £300 has been collected for the purpose of founding a scholarship in the Newcastle College of Medicine, in memory of the late Dr. Dickinson, who died in Central Africa, when stationed there as the medical officer of the late Bishop Mackenzie's mission. Dr. Dickinson was educated at the Newcastle School. The sum collected has been invested so as to realize £15 per annum, which will be awarded as an annual recognition of merit. At a meeting of the Committee of the fund, held on the 16th inst., a vote of thanks was accorded to Dr. Pyle of Sunderland, and Dr. Arnison of Newcastle, for the trouble they have taken in the matter, and in bringing it to a successful issue.

IMPROVEMENTS IN WORKHOUSES.

AT the Marylebone Workhouse, new wards for the aged and infirm have just been opened, which are far superior to ordinary workhouse wards. There are six wards, each of which is 40 ft. wide, 60 ft. long, and 13 ft. high. Each patient will have 780 cubic feet of space. The wards are heated and ventilated in a novel manner. Nurses' apartments, sculleries, and lavatories are conveniently placed. Hot and cold water is laid on. The walls are coloured in varied and pleasing tints; and yet the total cost has not exceeded £27 per bed. We commend the example of the guardians of Marylebone, at the same time that we regret the amount of improvidence which is implied in the fact that nearly 1000 of the 1800 inmates of the Marylebone Workhouse are over sixty years of age.

THE POOR-LAW BOARD AND PAUPER NURSING.

THE jury who investigated the case of a certain George Baggaly, recently put to death in Lambeth Workhouse, of course were bound to return a verdict in accordance with the forms of English law; and their finding that Henry Harman, the ignorant and brutal pauper nurse who gave the deceased a fatal dose of morphia with the intention of making him sleep at any price, was guilty of "manslaughter" was no doubt strictly proper. But there is another verdict which the public will give—a verdict based on something higher than merely legal considerations, and applying to a class of officials very different from that to which the wretched Harman belonged. The public

will emphatically ask the Poor-law Board how they propose to relieve themselves of the moral guilt attaching to this case. How is it that, although they have long been well aware of the pressing and urgent danger to the lives and health of sick paupers which the present system of workhouse nursing involves, and although they knew perfectly well that guardians would never consent of their own free will to an effective reform in this matter, the Poor-law Board have not long ago asked power from Parliament to sweep away by force the iniquitous scandal of pauper nursing? Will they dare to assert their belief that a death like that at Lambeth Workhouse is a solitary, or even an infrequent, occurrence? They know right well, and have known for years, that in at least three-fourths of the 650 workhouses of England there is no security that such an accident might not happen any day; and that for one pauper whose death in this manner becomes the subject of inquiry, there are in all probability many more whose deaths have been hastened in a similar way without anyone being the wiser. The death of the man Baggaly at Lambeth, and of all who have died by this kind of "misadventure," rests, morally speaking, upon the shoulders of the Poor-law Board, and especially of the permanent staff.

ABYSSINIA.

As we may confidently anticipate that our troops will shortly come in contact with those of King Theodore, we are glad to learn that there is a goodly array of medical officers present with the advancing columns, and that the medical arrangements are as satisfactory as is compatible with the very light marching order which has been necessitated by the extremely difficult nature of the country.

As the advent of the rainy season in the highlands cannot be long deferred, and as the hot season of the Red Sea is fast approaching, the doctors are getting more anxious to know whether the present healthy condition of the troops under their charge will continue. It is hardly likely that the sick and wounded can be transferred for treatment on board the hospital ships at Annesley Bay, and from all we can learn, it is probable that the military authorities will locate them in some depôt hospital at a convenient point in the highlands, such as Senafé, until they can be sent down for embarkation on board the hospital vessels, which will then convey them to Suez to proceed overland by the railway to Alexandria, where they will be received on board transports for this country. We understand that a steamer will shortly make another voyage to Alexandria, to receive any sick from Abyssinia. As the men will probably proceed direct to England, the incomplete state of the hospital at Suez will be of no importance, particularly as the climate of Egypt is anything but a salubrious one for sick and convalescents during the approaching season.

We have heard from those who made the journey from India that the new overland transport, which we described some time ago, is a very successful experiment. The steamers are, on the whole, excellent, and the arrangements on the railway from Suez to Alexandria are likewise very satisfactory. The officials are courteous, and have manifested an evident desire to meet the requirements of the sick soldier during his transit from India and Abyssinia. Our informants, while they acknowledge that the overland system, and the hospital arrangements at Suez in particular, are not by any means perfect, nevertheless speak warmly of the comfort and accommodation they experienced.

STATHAM DEFENCE FUND.

A MEETING of the General Committee of the Statham Defence Fund will be held on Thursday, the 30th inst., at 5 P.M., at 13, George-street, Hanover-square, in order to receive and consider the report of the Executive Committee on the fund collected, and the manner in which it shall be presented to Mr. Statham. A deputation will probably be appointed to call on Mr. Statham, and to hand him the sum subscribed, which amounts to about 300 guineas.

SIR JAMES CLARK.

WE regret to hear that Sir James Clark, Bart., is seriously indisposed at Bagshot. Dr. Sieveking and Mr. Kough have been in constant attendance. Her Majesty has paid several visits to Bagshot.

THE quarterly meeting of the Metropolitan Poor-law Medical Officers' Association will be held at the Ship Hotel, Charing-cross, on Wednesday, the 29th inst., at 7.30 P.M. After the report of the Council, Dr. Rogers, the president, will tender his resignation, and make a statement, which may be expected to be interesting, as it will be the first opportunity he has had of referring to his own case since his compulsory retirement from the Strand Union. The meeting will be called upon to elect a new president, and to consider the proposed basis for the equalisation of the salaries of the medical officers of the London district, the general order of the Poor-law Board imposing additional duties on workhouse medical officers, and the circular letter of the Board relating to the employment by medical officers of assistants without legal qualification, &c. There can be no doubt as to the importance of these subjects, and we hope to see a large attendance of the medical officers and their friends.

HER MAJESTY has been pleased to fix the 13th of May for laying the foundation-stone of the new St. Thomas's Hospital.

A MEETING for bettering the condition of the poor of Edinburgh, and bearing the name of the "Central Benevolent Association," has been formed at Edinburgh.

THE papers relating to the Walsall Workhouse, moved for by Mr. Charles Buxton, M.P., on the 26th March, were issued on Thursday.

Mr. G. WOODS has resigned his office of surgeon to the Southport Convalescent Hospital, having held that post for twelve years. Mr. Woods, at a meeting of governors of the institution, was unanimously elected consulting surgeon; and a vote of thanks for his past services was carried *nem con.*

AT the quarterly meeting of the directors of the Naval Medical Compassionate Fund held on the 4th inst., Sir Edw. Hilditch, Inspector-General, in the chair, the sum of £60 was distributed among the various claimants.

A MEETING of the Medico-Political Association of Great Britain and Ireland was held at Birmingham last week. Dr. J. G. Davey presided. There was a fair attendance of members of the profession of Birmingham and the neighbourhood. The following resolutions were passed:—(1) "That this meeting pledges itself to use its best endeavours to rescue the registered practitioner from his present anomalous position with respect to the Medical Council, and secure him a full and fair representation." (2) "That the present hospital system requires revision, in the interest of the public and of the profession." (3) "That, in the opinion of this meeting, the present low scale of remuneration of the Poor-law Medical Service, while unjust to the medical profession, is injurious to the welfare of the sick poor."

THE *Gateshead Observer* states that a meeting of the house-committee and the medical staff of the Newcastle Infirmary was held on Thursday week, to take into consideration the statements recently made relative to the presence of gangrene in the hospital. The result of the meeting was a decision to

adjourn the discussion of the subject for a fortnight, so as to allow time for the necessary examination into the whole matter set forth in the allegation. The committee, however, agreed to increase the number of nurses in the various wards, but without altering the system heretofore pursued in regard to nursing.

IN his annual medical report of the Cumberland and Westmoreland Asylum, Dr. Clouston points out that the number of patients admitted have increased every year since 1863. The admissions were for the last four years, 47, 54, 74, and 97 respectively. The number of applicants increased at a corresponding rate each year also. This, at the first blush of the matter, would look like a distinct increase in the amount of insanity in the county; but Dr. Clouston does not think this is the case. The explanation is to be found in the fact that there is an increased wish amongst a socially higher class to have their relatives sent to an asylum, and in the tendency which at present prevails of sending old persons labouring under temporary excitement with dotage to the same place.

MR. CROOME, a member of our profession in Northampton, has lately received a very substantial proof of the esteem in which he is held in his neighbourhood, by the presentation to him of a handsome tea and coffee service, of the value of £70. The following inscription is engraved upon one of the pieces:—

"Presented to Robert Croome, Esq., M.R.C.S. Eng., of Middleton Cheney, Northamptonshire, by his friends and neighbours, in grateful acknowledgment of his kindness and attention to the poor during a practice of upwards of half a century, in that and the adjoining parishes."

THE deaths in the eight principal towns of Scotland were last month considerably under the average. Zymotic diseases were the cause of 22 per cent. of the total mortality; but this rate was exceeded in Dundee from the prevalence and fatality of measles, and in Greenock from whooping-cough. Of 110 deaths from fever, 76 were attributed to typhus, 38 to enteric, 1 to relapsing, 1 to simple continued, and 4 to infantile remittent fever. Whooping-cough was the most fatal epidemic of the month.

THE SOLDIER'S NEW PACK.

How easy it is to run in a groove, and how difficult it is to get out of it when once in, have been sufficiently proved by the slow way in which any progress has been made in changing the dress of the soldier. Physiologically, it seems absurd to encumber a man's back with a weight, and diminish his capacity for respiration, at the time that you entail on him great extra exertions, and to constringe his armpits by shoulder straps when his efficiency as a fighting machine is made to depend upon the celerity and certainty with which he can manipulate and fire his rifle; yet we suppose the soldier would have gone on carrying the old pack *ad infinitum*, but for the exigencies and progress of modern warfare. Without entering into the medical aspect of the subject, or having recourse to the very questionable statements as to the frequency and the grave pathological importance of the so-called "white patch" among soldiers, we may safely say the heavy and badly-adjusted canvas box of the old knapsack was open to many objections on the score of health. Many years ago, some very ably-reasoned papers appeared in *Blackwood*, entitled "How shall we dress him?" and it has remained for the present time to solve this problem. In the old campaigns, no doubt, the efficiency of an army often depended upon the distance to which a body of men could be separated from the base of operations, and this would depend upon the amount of clothing which a soldier could carry on his back; but transport must be henceforth made available for equipment, if we are to keep pace with the modern systems of European warfare. The new knapsack answers the purpose admirably; and we are glad to learn that the experience of the private soldier, as it becomes greater, tends to stamp the value of the labours of the late Knapsack Committee.

Army surgeons standing on parade could not fail to remark a military objection to the old pack. A regiment paraded in a high wind had some difficulty in maintaining steadiness in the ranks. Anyone might see that young soldiers in particular could not easily maintain their equilibrium under such circumstances; and when the order was given to load, the soldier, in making the required right-half-face movement, frequently came in contact with his comrade's knapsack. The new pack has advantages in these respects over the old one, and to our non-military eyes its appearance is not less soldier-like.

As we have been furnished with no less than three reports by the Committee, and as the trials have been sufficiently numerous of the new equipment to satisfy any unbiased person, we should be glad to know now when it is going to be adopted. While we deprecate the rather exaggerated tone which has been used in discussing the evils of the old pack, we are hopeful that there will be no unnecessary opposition or delay in adopting this unobjectionable substitute for it.

THE COLLEGE OF SURGEONS OF EDINBURGH AND THE BILL TO AMEND THE LAW RELATING TO MEDICAL PRACTITIONERS IN THE COLONIES.

THE College of Surgeons of Edinburgh have petitioned the House of Lords against this Bill as depriving medical men registered under the Imperial Medical Act of 1858 of the free and unconditional right to practise in the British colonies which under the Act they enjoy. They do so with perfect reasonableness, inasmuch as they go on in their petition to show that the spirit of recent medical legislation has been all in favour of the removal of territorial restrictions of the right of practice within Her Majesty's dominions, and to express their wish to see introduced into the present "Amendment of the Medical Acts Bill" a clause conferring on practitioners registered under Colonial Acts a right to unconditional registration under the Imperial Medical Act, and to practise anywhere in the British dominions.

The petitioners admit that excellent medical schools exist in many of the colonies, and make mention of the Colonial Medical Registration Acts, especially of Canada and Victoria (Australia). Our own views on this subject are well known. We believe that a right of satisfying itself of the competency of colonial curricula and examinations should rest with the Imperial Council, but that, this right being conceded, the claim of a person registered under a Colonial Act to registration under the Imperial one should be unconditional.

Having said thus much, as we have often said before, we may be allowed to express our amazement that at this time of day it should be attempted, in the fancied interest of the colonies, to deny—and that retrospectively—the right to practise in them to men with British qualifications, and to repeal that portion of the Medical Act which gave them that right. We cannot believe that this attempt at restrictive legislation will go further than the House of Lords; but we are amazed that it should have gone so far. We are inclined to ask what have our English licensing bodies been about to let it go so far. We believe that a deputation from the Medical Council will wait on the Duke of Buckingham this day (Friday) to oppose this most remarkable measure. It is no justification to say that our Registration Act did not deal liberally with colonial boards. This is a poor excuse for this most retrograde and restrictive Bill. There is no fear of it being carried, but we are sorry it should ever have been proposed.

TRIPLE BIRTH.—On Saturday last, three living children were born to a man named Johnson, of Shrub-end, Stanway.

THE ROYAL VISIT TO IRELAND.

(FROM OUR DUBLIN CORRESPONDENT.)

To write on things medical in the present condition of affairs in this good city of ours, with any expectation of arresting even temporary attention, would be indeed a hopeless task, so absorbed do all parties, from the highest to the lowest, seem to be in every detail of the royal visit with which Dublin is at present honoured. In one word, every person on this side of the channel seems to have become insanely loyal, thinking of, talking of, seeing nothing but, our most gracious Prince and Princess. To such a pitch has our enthusiasm reached, that one of the most prominent of our radical politicians here a few days ago bitterly exclaimed, "I think the people are gone mad; were they only to send that little woman over here once a year they might govern Ireland as they liked." And indeed his remark was truthful; never did royalty receive so cordial, so sincere, so heartfelt a reception at the hands—ay, and the lungs also—of their subjects, as has welcomed their Royal Highnesses in this visit of theirs to the Emerald Isle. We of the medical world naturally looked with eager professional eyes at her Royal Highness, anxious to judge for ourselves, so far as a passing glance would admit of it, of the condition of her health after her long and painful illness, in which no body of men more respectfully sympathised than did the Irish medical profession; and though we could detect the traces of some remaining delicacy, yet were we pleased on the whole to be able to express a favourable opinion as to her present condition, and to give a hopeful prognosis as to her future progress. This, however, is too delicate ground for your correspondent to linger upon; but, passing from it, I may be allowed to record my opinion as to the salutary effect the present visit, coupled with the most gracious demeanour of their Royal Highnesses towards all classes, will have upon the political health of Ireland. Believe me, that it will do more good, and more good of a permanent nature, than a dozen Parliamentary sessions devoted solely to the consideration of the Irish grievances.

A curious illustration of the accuracy of this statement occurred in the practice of a distinguished surgeon here. A rich, well-to-do farmer, from the west of Ireland, came up to town to consult him, and, in the course of conversation the doctor asked his patient, what about Fenianism in his part of the country. The answer was to this effect:—"Glory be to God, Sir, we have no Fenians down amongst us; we are all quiet now down there. War'nt they murthering one another last fair day!" The profound political truth involved in this observation may not be apparent to an Englishman's comprehension; but we, who are racy of the soil, attach to it great significance.

The Princess has expressed her regret that she was not equal to the task of visiting some of the Dublin hospitals, the authorities of one of these institutions having made the request that she would do so.

H.R.H. the Prince of Wales, accompanied by the Earl of Mayo, Lord Hamilton, and Dr. Minter, visited the College of Surgeons on the 22nd instant. The distinguished party were received by the President (Mr. Adams), the Vice-President (Mr. Porter), several members of the Council, the Professors, and many other Fellows. His Royal Highness was conducted round the building by the President and Mr. Hargrave (senior member of Council), and seemed to take great interest in the several objects brought under his notice. The Albert Hall attracted a particular share of his attention, containing as it does the beautiful marble bust by Theed of his late R.H. the Prince Consort. After spending some time examining the museums, the distinguished party retired, his Royal Highness having been pleased to express himself in the most gracious manner with reference to all that he had seen. The notice having been very short as to the hour at which the visit would be paid, the attendance of the Fellows was not so numerous as it otherwise would have been.

One of the most interesting events of the Royal visit was the conferring of the degree of LL.D. on his Royal Highness the Prince of Wales, the Duke of Cambridge, and the Lord Lieutenant, by the Senate of the University of Dublin. When the proceedings of the comitia had concluded, the Prince unveiled the statue of Edmund Burke, just placed in front of Trinity College.

Rumour in medical circles would have it that advantage would be taken of the present royal visit to bestow some well-merited honours upon some of the distinguished members of our surgical profession, but hitherto without any apparent foundation. Of course our profession would belie its Irish character had it not its grievances. Yet even the greatest of optimists must confess that in the following instance it has not had even-handed justice dealt out to it. Some years ago, Mr. O'Beirne died, by which event the office of Surgeon Extraordinary to her Majesty in Ireland became vacant, and from that time up to the present it has never been filled up. I wonder how long this would be tolerated in either England or Scotland.

As to matters strictly medical, the most important of these are the appointments recently made in our schools and hospitals:—Mr. Stokes's vacancy in the Meath Hospital, caused by his appointment to the Richmond Hospital, has been filled up by Mr. Stronge, a gentleman only recently established in Dublin, having come amongst us from Belfast, where he had obtained a high position as a sound, well-educated, and judicious practitioner. The vacancy in Mercer's Hospital caused by Mr. Butcher's appointment to Sir Patrick Dun's, has been filled by the election of Mr. McDowall, a gentleman who has already earned for himself in this city a high reputation as a private teacher and public lecturer. The chair of hygiene in the Royal College of Surgeons, vacated by Dr. Mapother's resignation, has been worthily occupied by the appointment of Dr. Cameron, a gentleman known to the scientific world as a chemist of no ordinary pretensions. The selection in this instance must have given the electors some trouble, as there were three other candidates, either one of whom would have adorned the professorship.

Dublin, April 21st, 1868.

MEDICAL ATTENDANCE IN SICK CLUBS.

THE following resolutions were passed at a meeting of the medical profession held in Wolverhampton, April 3rd, 1868, C. A. Newnham, Esq., in the chair:—

1st. "That this meeting is of opinion that five shillings per member per annum ought to be the minimum sum fixed for attendance upon sick club, friendly, and assurance societies."

2nd. "That in order to place the remuneration of clubs on a satisfactory footing to the profession, it is advisable that all surgeons to societies apply for an increased rate of fees at once."

3rd. It was resolved that the following document be printed in the form of a circular, and copies of it given to all those practitioners in the Wolverhampton district who hold club appointments, for distribution among their respective societies.

It will be observed that this form is taken from that adopted by the Great Yarmouth Medical Society.

HENRY COLLINS, } Hon.
FRED. TURTON, } Secs.

The British Medical Association having taken into consideration the subject of remuneration to medical officers of benefit societies throughout the kingdom, it was resolved, at a meeting of its committee held in Birmingham recently, that the sum of five shillings per annum for each member be the lowest amount tendered for professional services. In accordance with this resolution, a meeting of the members of the medical profession practising in Wolverhampton and neighbourhood was held on the 3rd inst., when it was duly proposed and unanimously carried that the surgeons of the different benefit societies in this district make application for an increase of salary, the amount after Midsummer next to be 1*s.* 3*d.* quarterly, in lieu of the sum at present paid.

To the Secretary of ——

SIR,—As surgeon to your society, I have to request that you will be pleased to bring the above-mentioned subject for extra remuneration before the members at the next or an early meeting, after which I shall be obliged by your informing me of the result. It must be remembered, however, that the increase in pay asked for is really but trifling, when you take into consideration the extra demands made upon the profession in the cost of medicines and every appliance connected with the working of a practice since the old rate was fixed.

I am, &c.,

VOLUNTEER MEDICAL ASSOCIATION.

A MEETING of the West Riding of Yorkshire Volunteer Medical Officers took place on Friday, the 17th inst., at the Town Hall, Leeds, C. A. Hemingway, Surgeon, 29th West York R.V. (Dewsbury), in the chair. Amongst those present were T. P. Teale, Surgeon 7th West York R.V. (Leeds), Geo. Newstead, Surgeon 3rd West York R.V. (Bradford), John A. Nunneley, Surgeon 2nd West York Engineers (Leeds), James S. Loe, Assistant-surgeon 7th West York R.V. (Leeds), R. P. Oglesby, Assistant-surgeon 7th West York R.V. (Leeds), John Ellis, Assistant-surgeon 2nd West York Artillery (Bradford), Wm. M. Pinder, Assistant-surgeon 2nd West York R.V. (Skipton-in-Craven), G. P. Kelly, Assistant-surgeon 1st West York Artillery (Leeds), W. F. Watts, Assistant-surgeon 29th West York R.V. (Dewsbury), J. B. Ward, Assistant-surgeon 2nd West York Engineers (Leeds), Wm. Marsden, Hon. Assistant-surgeon 41st West York R.V. (Mirfield), 5th A. Bn., F. Hall, Hon. Assistant-surgeon 7th West York R.V. (Leeds).

Mr. James S. Loe having stated the objects of the meeting, the following resolutions were unanimously adopted :—

1st. That the volunteer medical officers of the West Riding form themselves into a Society for the purpose of co-operating with the London Volunteer Medical Association.

2nd. That the subscription to defray the necessary expenses be 5*s.* each member.

3rd. That the following gentlemen be requested to act upon the Committee, with power to add to their number :—Mr. W. D. Husband, York; Mr. T. P. Teale, Leeds; Mr. G. S. Taylor, Sheffield; Mr. J. N. Terry, Bradford; Mr. Geo. Newstead, Bradford; Mr. C. A. Hemingway, Dewsbury; Mr. J. A. Nunneley, Leeds; Mr. John Ellis, Heckmondwike; Mr. W. M. Pinder, Horsforth; Mr. Wm. Marsden, Mirfield; John Blackburn, Barnsley; Mr. H. Hall, Leeds.

4th. That Assistant-surgeon Loe be requested to act as Secretary.

5th. That this meeting is of opinion that a Principal Medical Officer should be appointed for each county or division of a county.

A vote of thanks having been given to the chairman, the meeting separated.

THE MINIATURE DISPENSARY.

SOME time since we called attention to a very neat and compact little miniature dispensary introduced by Dr. Kirby. It has found much favour with the profession, having been used during the last twelve months by some 500 practitioners with satisfactory results. Dr. Kirby has been induced to enlarge upon his original attempt to introduce a ready method of administering medicines, and has succeeded in arranging into small compass a stock of drugs and appliances which is capable of affording the practitioner all he wants in the early treatment of disease. In London medical men can very readily procure any dose, however quickly they may require it; but in country practice, where patients live far from town, or the practitioner's house, very valuable time and opportunity are often lost before the proper remedy can be obtained. In many cases the practitioner has to regret that he has it not in his power to administer at once an opiate, a styptic, or whatever else he may require. In all such cases, it seems to us, Dr. Kirby's dispensary would be simply invaluable, and it is certain that when its utility is more widely known its aid will be largely secured. It will be readily understood how admirably it is adapted for medical men practising in the colonies, or in the bush, where they have to ride twenty, thirty, or more miles to see a patient, and are out of the reach of members of the Pharmaceutical Society. It is in cases of "emergency" that the applicability of the miniature dispensary is best seen. There can be no doubt that many medical men might even more generally employ it in country districts. Dr. Kirby has so diversified his plans that the most necessary drugs can be carried about in a little case not much exceeding in size an octavo book, or the majority of the preparations in the Pharmacopœia can be conveyed in a medium-sized travelling bag.

Correspondence.

"Audi alteram partem."

MR. POWER'S CASE OF RETINAL HÆMORRHAGE.

To the Editor of THE LANCET.

SIR,—Mr. Power has contributed to your last number an account of a case in every way so remarkable that further information about it is much to be desired. I do not know whether the new Clinical Society will appoint committees to investigate important cases, as the committees of the Pathological Society investigate morbid specimens; but if they will, I trust that Mr. Power's patient may be brought before them. Country practitioners, who cannot see for themselves the wonderful things witnessed by their more fortunate London brethren, may be pardoned for wishing that the existence of an anomaly hitherto undescribed should be proved by the evidence of more than a single observer. Mr. Power, with admirable precision, declares that the hæmorrhage was on the "*foramen centrale*." Now, this structure, which, not being a foramen, is better and more commonly called the *fovea centralis* forms the centre of the "yellow spot," and the yellow spot itself does not exceed two millimetres in diameter. It has, moreover, the remarkable anatomical peculiarity that the visible vessels of the retina curve round it in large arcs, and that even the retinal capillaries terminate near it in loops or points, and do not actually encroach upon it. A suggestion has been made, but never to my knowledge verified, that the non-vascular area of the yellow spot may possibly be invaded by vessels in some forms of retinitis, such vessels being offshoots from the aforesaid loops, and analogous to those seen upon an inflamed cornea. But no instance has been recorded, prior to this case of Mr. Power's, in which a large retinal vessel ran straight from the optic disc to and beyond the margin of the yellow spot; and I cannot but think it probable that Mr. Power is mistaken with regard to the locality of the hæmorrhage. This, however, is the point on which the interest of the case must be held to turn, because instances of retinal hæmorrhage *not* "on the foramen centrale" are too common to require description, except to a class of students. If Mr. Power's sketch be otherwise than imaginative, the anatomy of his patient's retina must, in important particulars, deviate from the normal standard; and the distribution of the bloodvessels is an anomaly sufficiently remarkable to cast the spot of hæmorrhage into the shade. It is much to be wished that, if the case be as it is represented, careful ophthalmoscopic drawings of the vessels of both eyes, and of the blood spot, should be made by Mr. Schweizer, and deposited, together with a map showing the position of the spot in the field of vision, in the museum of St. George's or of the College of Surgeons. At some future time there may possibly be an opportunity of examining the retinæ by dissection, and of ascertaining by what modification of the ordinary structure the presence of a large vessel on the confines of the yellow spot was rendered compatible with vision. Perhaps the yellow spot may itself be abnormally placed, and may occupy the intervascular area shown at the upper part of Mr. Power's drawing.

I am, Sir, your obedient servant,

ROBERT B. CARTER.

Stroud, Gloucestershire, April 20th, 1868.

POOR-LAW MEDICAL OFFICERS AND THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.

To the Editor of THE LANCET.

SIR,—I forwarded a copy of the letter which you did me the favour to insert in your last impression to the Editor of the *British Medical Journal*. It was not inserted, but amongst the notices to correspondents I find the following in reference thereto :—"Dr. Fox (Broughton) is entirely mistaken. The two gentlemen mentioned are not meant or referred to; but several others, some of whose papers are in the

office, and on behalf of these the Editor of the *Journal* is exerting his influence."

It gives me great pleasure to learn, therefore, that Mr. Fleischmann and Dr. Rogers were not referred to by the Editor as having placed themselves out of court by using violence or intemperate language to their respective Boards of Guardians.

It will be satisfactory to these gentlemen, and to the members of the Association, to know this, for an impression existed which, without contradiction or explanation, operated unfavourably towards the conductors of the *Journal*. I beg to express my regret that I should have fallen into error, and thus have done the Editor an injustice. He will, I trust, pardon me if I state what seemed to my mind confirmatory evidence that Mr. Fleischmann and Dr. Rogers (or at least the latter) had fallen under the censure complained of:—

1. I had not seen recorded the dismissal of any other Poor-law medical officer for violence of language, or infirmity of temper; and I confess it seems somewhat remarkable that, if others have so committed themselves as to demand severe censure (which smacks of the Poor-law office), and thus put themselves out of court, we should not have heard of it.

2ndly. I have observed in the *Journal* of the Association a want of sympathy with Dr. Rogers under his martyrdom. I need only to refer to the notice of his dismissal in the *Journal* of March 7th, contrasting strongly, as it does, with your own comment of the following week.

I cannot help alluding to the meeting of the Workhouse Infirmary Association held on the 13th March. I was sorry to see in the conductor of the organ of a large Association what appeared to me to be an exhibition of lukewarm expediency,—a trimming of sails to a "Whitehall wind," instead of outspoken fearless denunciation of wrong. I do not think, Sir, that my conjecture, for which I now apologise, was altogether unwarranted, but I am bound to accept the Editor's denial.

I am, Sir, your obedient servant,
LUTHER OWEN FOX, M.D., F.R.C.S.

Broughton, Winchester, April 20th, 1868.

THE NEW VACCINATION ACT.

To the Editor of THE LANCET.

SIR,—Your correspondent Dr. Harding asks, "Am I to offend those poor patients who do not reside in my district by refusing to vaccinate them, or do it for nothing?"

I answer *refuse*, or hand over the names and addresses for his "colleague's" register; and if his colleague did the same, neither would lose. If he has been vaccinating non-resident children, he has simply been robbing his brother in the next district of his extra fees.

The guardians do right in limiting the fees to residents in the several districts, and so protecting to some extent their officers. By this means only in many cases can they apportion the expenses to the several parishes to which they belong.

I wish Dr. Harding every success in his application for an extra shilling per case, but not for the reason he assigns. If he and all other medical officers act on the principle I suggest, they will gain the respect of their neighbours, and suffer little or no pecuniary loss.

I am, Sir, yours obediently,
ROBERT WARRENER,
Medical Officer and Public Vaccinator for 8th District of Croydon Union.

April 15th, 1868.

THE VOLUNTEER MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—I should feel extremely obliged if you would kindly mention that, in addition to the ambulances of the regular service which were on the field during the Easter Monday review, the 1st Gloucestershire Rifles (City of Bristol) had their own ambulance also on the ground. It was under the charge of Assistant-surgeon Leonard, and was attached to the 2nd Brigade, 1st Division, which it followed into the field. Fortunately no serious accident occurred.

I am, Sir, yours obediently,
GEO. M. STANSFELD,
Assist.-Surg. 1st Gloucestershire Rifles.

Butlington-barracks, Redlands, Bristol, April 18, 1868.

MEDICAL LEGISLATION.

A MEETING of the Parliamentary Committee of the British Medical Association was held at 37, Soho-square, on April 21st, T. Heckstall Smith, Esq., of St. Mary's Cray, in the chair, at which it was resolved that a deputation wait upon Lord Devon to urge the necessity of the appointment of a staff of medical inspectors under the English Poor-law system, similar to that which is already in operation in Ireland.

In reference to the Bill of Mr. McCullagh Torrens, M.P., for the improvement and erection of dwellings for the labouring classes, it was resolved that the health officer upon whom rests the responsibility of condemning improper habitations should be a registered medical practitioner, and that, with a view to the independent and efficient performance of his duty, the appointment should be permanent, and subject only to the pleasure of the Secretary of State for the Home Department. With respect to the Medical Practitioners (Colonies) Bill, the meeting resolved to send a deputation to the Duke of Buckingham to urge upon him either to withdraw the Bill, or to frame its provisions in consonance with the clauses relating to colonial graduates and practitioners introduced by the Home Secretary into the Medical Acts Amendment Bill just prepared by the General Medical Council.

THE MEDICAL PROFESSION AND LIFE OFFICES: BRITON MEDICAL AND GENERAL LIFE ASSOCIATION.

AT the annual meeting of this Association held on the 16th instant, it was reported that during the past year 3780 proposals had been received for assuring £1,010,180; 3057 new policies had been issued for £792,725, the annual premiums upon which amounted to £25,466. The total income of the Association had reached £231,545, and the balance of the year's revenue, which had been duly carried to the general assets account, amounted to £76,311.

Mr. FRANCIS WEBB, the chairman of the company, who presided, after entering very fully into various points of interest in connexion with the present position and prospects of the Association, moved the adoption of the report.

Dr. TYLER SMITH, the deputy-chairman, seconded the motion, which was carried *nem. con.*

A dividend of eight per cent. was declared on the capital of the company as increased by the last bonus, being equal to ten per cent. per annum on the amount originally paid up. The continued support received by the company from the medical profession was especially referred to, and after votes of thanks to its consulting physicians and surgeons, and other officers, as well as to the actuary and secretary (John Messent, Esq.), and a complimentary vote of thanks to the chairman, the meeting separated.

EDINBURGH.

(FROM OUR OWN CORRESPONDENT.)

ON Tuesday the half-yearly meeting of the General Council of the University of Edinburgh was held, Professor Christison presiding. The Rev. K. Phin returned thanks for having been elected by the Council as their assessor, and a motion was made by the same gentleman to record the Council's feeling at the death of the Chancellor and President, Sir David Brewster. This was unanimously agreed to. The deliverance of the University Court as to the motion at last meeting on Political Economy was to the effect that the Court were of opinion that Political Economy is a subject which ought to be taught in the University, and that until the funds for the endowment of a separate Professorship are obtained, it is desirable that the subject be taught in the course of Moral Philosophy, as hitherto. It was agreed to petition both Houses of Parliament in favour of two representatives at least being given to the Scotch Universities. It was also agreed, on the motion of Professor Masson, that it be represented to the

University Court to consider the proposals of Professor Blackie that one of the branches of Natural Science be taken in the Arts curriculum in place of one of those academical branches of which two tickets are at present required, and that the Council are of opinion that on the whole the plan of giving an option among the subjects is the preferable one.

On Wednesday the graduation ceremony in Arts took place, and about sixty gentlemen received degrees. The address was delivered by Professor Masson.

At the meeting of the Town Council on Tuesday the Lord Provost remarked in reply that the persons spoken of and suggested for the Principalship are Sir Alexander Grant, Sir James Simpson, Dr. Christison, Mr. George Dawson, Principal of the McGill College, Montreal, and Principal Tulloch, of St. Andrews. It is proposed to have a meeting on Thursday, 7th of May, to fix the day of election. The day of the election for the Professorship of Moral Philosophy is fixed for the 18th of June. For this chair Dr. Hutchison Stirling, F.R.C.S., is a candidate; and as he is eminently qualified for the chair, the profession may, it is hoped, see one of their number elected to discharge the duties.

A SCHEME OF STATE MEDICINE.

THE following Memorandum has been submitted to Her Majesty's Ministers, and to Members of Parliament, by those who are promoting an organisation of skilled Medical Officers of Health and Medical Jurists, in districts, for purposes of State Medicine.

April, 1868.

I. We ask for a thorough, impartial, and comprehensive inquiry into the operation of the several laws, regulations and customs under which members of the medical profession are employed, constantly or occasionally, in the towns and rural parishes of England, Scotland, and Ireland, or in some of them,—by different departments of Government, by public bodies, by local authorities, or in voluntary societies, or under which medical practitioners act as witnesses in courts of law and medico-legal inquiries or otherwise,—for any of the following objects and purposes:—

1. To give information concerning the cause of death, by certificate to the registrars of deaths, and by evidence at coroners' inquests.

2. To perform post-mortem examinations and analyses, in suspicious or obscure cases, for the information of coroners and courts of law.

3. To record and report, periodically, the number and nature of all cases of sickness (diseases and injuries) attended at the public expense, with their causes and results, and more minutely and frequently during outbreaks of epidemic disease; to observe and record meteorological and other physical phenomena; to note, investigate, and report outbreaks of epizootic and epiphytic diseases, and any exceptional and important local facts of animalcular, parasitic, fungic, or other like invasions.

4. To investigate and report, on particular occasions and in selected places, facts and circumstances relating to the prevalence of disease, especially of epidemics.

5. To inquire into the condition of burial grounds, and to superintend the execution of laws and regulations for the burial of the dead.

6. To afford advice and aid to local authorities in matters relating to the public health, especially as to the avoidance and removal of causes of disease, and the condition and sanitary regulation of common lodging-houses and the dwellings of the poor.

7. To inquire into and report upon the local administration of laws for the prevention of disease and mortality: for instance, the extent and efficiency of proceedings under the Nuisances Removal Acts; the progress, performance, and results of vaccination, &c.

8. To inquire into and report upon the sanitary condition and management of workhouses; and to inquire into the administration of medical relief to the poor in districts and workhouse infirmaries, also in medical charities and other public institutions.

9. To inquire into and report upon the condition and management of asylums, hospitals, licensed houses, and lodgings for the reception and treatment of the insane.

10. To inquire into and report upon the sanitary condition and management of prisons, reformatories, and other corrective establishments.

11. To inquire into and report upon the sanitary condition and management of elementary schools and other places for the education and industrial training of the young.

12. To examine and report on the sanitary condition and the protective regulations of mines, factories, potteries, bakehouses, dressmakers' establishments, and all other work places, under various enactments for the control and regulation of labour.

13. To examine into the purity, genuineness, and wholesomeness of articles of food and drink supplied to the community, or to particular classes or public establishments; and to perform chemical analyses and microscopic examinations for the detection of poisons and adulterations.

14. To examine into and report upon the water-supply of towns and villages, and the condition of rivers and streams.

15. To examine into and report upon the supplies of gas, the management of alkali (and other chemical) works, and the prevention of smoke and other noxious vapours in towns and populous districts.

16. To inspect, with or without the aid of scientific veterinarians, the animals intended for human food; to report and advise upon the manner in which such animals are kept and fed, conveyed by land or sea, and imported, and to assist in carrying into effect any Government regulations on these matters; and to examine into and report upon the condition of slaughter-houses, cow-houses, pigsties, &c. &c.

17. To superintend and aid the execution of measures for preventing the importation of foreign pestilence at sea ports, for regulating the sanitary condition of ships, and for protecting the health of sailors and passengers.

18. To investigate and certify the condition (physical or mental) of persons accused of crime, or needing legal protection, or demanding compensation for personal injury, or whose competency to fulfil any social or family duty or labour contract becomes the subject of legal inquiry, and to determine the fitness of children and young persons for work.

[Under this head would be included certificates of insanity and the duties of certifying surgeons under various Factory and Labour Enactments.]

19. To give medical or scientific evidence on any of the preceding matters in courts of law.

II. We suggest that—while many of the provisions and arrangements described under the preceding head are of merely partial, occasional, and exceptional application—there are several other objects, at present wholly unaccomplished, as to which legislative action is urgently required, and for the proper fulfilment of which, as also for the purposes before mentioned, the appointment of skilled medical officers in districts would be found necessary. For example:—

1. To examine and revise all registers of births and deaths in registration districts; to verify the fact of death in certain cases; to investigate and record accurately, in all uncertified or doubtfully certified cases, the cause of death.

2. To bring special knowledge and experience to the conduct, under authorised rules, of post-mortem examinations for coroners' inquests or other medico-legal inquiries; and to examine before burial the bodies of infants alleged to be still-born.

3. To act as medical assessors or referees in obscure or disputed cases—sanitary or medico-legal—which require forensic adjudication.

4. To advise and assist local authorities in carrying into effect regulations for the removal and burial of the dead, especially in crowded populations and in times of pestilence or great mortality; and to inspect mortuaries or other places for the reception of corpses before burial.

5. To advise and aid local authorities, building societies, and other public companies in regulating the site, construction, and sanitary arrangements of dwelling-houses, especially of those proposed to be erected for the poor, and to certify the satisfactory completion of such undertakings.

6. In all populous districts, to examine and certify the state of health of women, within the meaning of the Contagious Diseases Prevention Act, 1866, whenever the main provisions of that Act shall be extended to the civil population of the kingdom.

7. Aided by skilled pharmaceans or scientific chemists, to inspect establishments for the sale and preparation of medicines, and to detect adulterations of drugs.

8. To inquire into and report upon offences against the Medical Act, especially "infamous conduct in any professional respect" of medical practitioners, in their respective districts.

9. To inquire into the qualifications of midwives and nurses in the same districts, and to aid in carrying into effect any law which may be enacted for the examination and licence of women intending to act in such capacities.

III. We believe that abundant evidence can be adduced to show:—

1. That the laws and regulations which relate to the appointment and action of medical men in the statistical, medico-legal, supervisory, and sanitary departments of the public service are for the most part defective, complicated, and incoherent; that they differ considerably in different places and parts of the kingdom; that they are often inefficient and fallacious in operation, and sometimes even found to be subversive of their professed objects.

2. That there is no sufficient guarantee for the general competency or the special qualifications of the medical men appointed; no recognised plan of education for officers of health and medical jurists, nor any examining body for directing the standard of their acquirements and for testing them.

3. That these appointments are made without any proper conditions to secure the free, unbiased, and unfettered exercise of judgment, delivery of opinion, and discharge of duty.

4. That the districts and areas of jurisdiction in which sanitary and other public medical duties are now performed are not defined or settled on any sound or rational principle; that, except in the metropolis, they are rarely conterminous with other districts for local administration or record; and that they are not used for the performance of the same functions in all parts of the kingdom.

5. That the greater portion of the population is now excluded from the benefits which might result even from the present imperfect system of appointments.

6. That there is a total absence of and a great necessity for some authorised co-operation between the several medical persons officially employed in different public duties within the same district.

7. That many sanitary enactments, protective regulations, and medico-legal investigations are imperfectly carried into effect, owing to the want of a scientific staff of officers, appointed to act in districts of extent sufficient to engage the whole of their time and attention. And,

8. That, consequently, an improved organisation of districts, and a consolidation of public medical duties therein, are indispensable to the efficiency and economy of local administration.

CAMBRIDGE UNION: RESIGNATION OF THE MEDICAL OFFICER.—At the weekly meeting of the Cambridge Board of Guardians, on Wednesday last, the differences so long existing between them and their medical officer (Dr. Ransom) were set at rest by a letter from the Poor-law Board, calling upon Dr. Ransom to resign. The Poor-law Board, in their letter, state that they had not promised Dr. Ransom an investigation, as he alleged, by having a public inquiry. Whatever might be the result, say the Poor-law Board, of an inquiry, it would not materially affect their decision on the question of the expediency of his continuance in office. The Board also consider that there is no imputation upon Dr. Ransom's moral character, nor upon his conduct as regards attendance upon the sick poor. The Board considered Dr. Ransom liable to censure for having without notice declined to sanction entries in the Medical Relief Book; and, secondly, for having addressed a letter to the newspapers reflecting upon the guardians. The Board consider, under the circumstances, for Dr. Ransom to continue in office would be inconsistent with the interests of the public service, and the due management of the workhouse.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having passed the necessary examinations, were admitted Members of the College at meetings of the Court of Examiners on the 21st and 22nd inst.:—

Bennett, C. J., Cheltenham.
Birt, George, Leamington.
Bradley, George, Liverpool.
Brocklesby, R., Brigg.
Burroughs, B. P. B., Bristol.
Charlesworth, James, Brixton.
Clouting, J. F., Shipdham, Norfolk.
Colman, T. H., Wymondham.
Coombe, R. G., Burnham.
Cremen, P. J., Cork.
Derry, B. G., Notting-hill.
Drew, A. S., Stow-on-the-Wold.
Duke, Edwin, Dover.
England, George, Dudley.
Elsom, F. J., Limehouse.
Evans, G. H., Birmingham.
Godson, Clement, Barnet.
Green, John, Dudley.
Griffith, Robert, Carnarvon.
Groves, Edward, Portsmouth.
Higgins, Charles, Hambledon, Hants.
Inches, P. R., New Brunswick.
Inglis, W. W., Brixton-hill.
Jackson, W. F. M., Swethwick.
Jay, H. M., Chippenham.
Lake, G. B., Leamington.
Nicholls, W. H., Kennington.
Putsey, W. H., Derby.
Rayner, Edwin, Stockport.
Rendle, Richard, Newington, Surrey.
Ridge, J. J., Horsellydown.
Ross, J. H., Brighton.
Rowling, C. E., Marrawundi, New South Wales.
Salt, George, Great Dunmow.
Sells, C. J., Guildford.
Sharp, J. A., Maidstone.
Snow, H. L., St. Asaph.
Swain, Edward, Long Clawson.
Taylor, Frederick, Kennington.
Turner, G. E. W., Stockport.
Wainwright, C. H., Barnsley.
Warren, Thomas, Princes Risborough.
Waters, A. J. G., Birmingham.
Smith, W. H. M., Sheffield.
Taylor, J. R. A., Dorchester.

At the primary professional examinations for the diploma of Member held on the 14th, 15th, and 16th inst., of 108 candidates 18 were referred back to their studies for three months, and the following 90 passed:—

T. J. Dixon, E. B. Evans, R. F. Grant, T. W. Lacey, W. F. Lill, W. A. Marsh, Alfred Moor, John Morris, W. A. Nicoll, H. G. Peacock, C. E. S. Perkins, R. H. Pritchard, E. J. Pye-Smith, A. W. Smith, T. S. Townsend, and W. P. Yates, of Guy's Hospital; T. B. Archer, F. H. Bodman, R. S. Daveshill, C. J. Davis, W. H. Edwards, W. H. Kesteven, W. G. Lowe, G. S. Payne, Vincent Stone, and F. H. Turner, of St. Bartholomew's Hospital; Alfred Cotterill, William Fear, S. W. Fitt, W. M. Lyttleton, Henry Parmiter, R. F. Phibbs, H. J. Rope, G. Le H. Rowland, F. W. Skrimshire, M. A. de B. C. Stevens, W. R. Trezise, and R. W. White, of King's College Hospital; R. B. Anderson, Alfred Baker, E. W. Barton, G. C. Day, P. R. D. Gabbett, A. G. B. Harris, John Hopkins, Charles Jervis, P. J. Laws, R. A. Morrish, T. J. Preston, of St. Mary's Hospital; E. G. Barnes, W. W. Bowles, F. G. Lovell, H. C. Noad, J. F. Palmer, and C. L. Vasey, of St. George's Hospital; A. J. Atkinson, W. H. Davies, Innes Griffin, M. H. Payne, Walter Rigden, and L. D. H. Russell, of University College Hospital; Charles Gosse, W. H. Pearce, and G. F. E. Towt, of Charing-cross Hospital; G. C. Franklin, Henry Meadows, and H. W. Saunders, of St. Thomas's Hospital; F. W. E. Dawson, A. W. McDonogh, and Thomas May, of the Westminster Hospital; H. A. Lespingwell, and J. W. Ley, of the London Hospital; J. W. Anningson, R. R. Bradley, Harold Crompton, David Davies, Charles Evans, H. W. Furnivall, T. H. Hunt, Edward Kennedy, Joseph Lawton, S. H. Owen, and W. A. Patchell, of the Manchester School of Medicine; W. G. Loff, and Roger Pendlebury, of the Liverpool do.; P. J. Cremen, Dublin do.; Frank Cufande, Edinburgh do.; Conrad Fitzgerald, Bristol do.; C. H. Johnson, Hull do.; T. L. Webb, Birmingham do.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on April 16th:—

Carr, John, Scarborough.
Desvines, Peter Hubert, Lewisham.
Grant, Bernard John Mark, Isle of Dogs.
Lock, John Griffith, Tenby, South Wales.
McGregor, Alexander, Weaverham, Cheshire.
Page, Edward Sutton, Solihull, near Birmingham.
Smith, Thomas Somerville, Sittingbourne.

The following gentleman also on the same day passed his first examination:—

Tom Robinson, London Hospital.

CRYSTAL PALACE.—For the Easter holidays an attractive series of novelties has been provided far beyond former years. Nearly twenty natives of India perform some extraordinary feats upon a slack rope, and execute the celebrated basket trick with more astonishing success than we have ever seen. Nor are there wanting objects of great interest to the physician and physiologist. The two miniature Italians, Ernesto and Primo Magic, are most remarkable specimens of arrest of developement in every organ except the brain, which, if not of a very large size, is of excellent quality and activity. The eldest is twenty-two years of age, and is thirty-nine inches high, whilst his brother is nineteen, and but thirty-six inches high. They are members of a large family, the rest of whom are of ordinary height; indeed they are accompanied by a brother having a strong family resemblance to them who measures at least five feet eight inches. The brothers are very intelligent, speaking French fluently, and fencing with great skill. Contrasted with these diminutive specimens of humanity is a Norwegian nearly eight feet high, of fine athletic proportions, and arrayed in full military equipment. He is the *beau ideal* of a giant warrior. An object of great beauty and interest is "Wild Rose," the extraordinary mare from South Africa without hair. The skin, especially in the whiter parts, is perfectly smooth, apparently devoid of hairs, perspiratory ducts, or epidermis, which, if present, is extremely fine. The mare is of exquisite proportions, and possesses wonderful powers of endurance and speed. Under exertion the skin becomes somewhat warmer, but even after sixteen miles over Leicestershire with Lord Stamford's hounds there was no trace of perspiration. During the last year and a half the colour of the mare has disappeared in spots, and large spaces of a lovely rose-white tint are now observed, chiefly on the sides, face, and quarters. This is supposed to be due to the climate, as the mare is only eight years old. As no such animal has ever been seen before, it will be most interesting to ascertain the probability of propagating a race. The mare possesses so many admirable qualities that it is to be hoped the experiment will be made, but we would suggest that the attempt should not be delayed too long, as it is possible that her fecundity might be impaired by the constitutional changes so evidently going on, and probably due to climate and mode of life. After regarding these varieties of men and horses, we cannot help remarking the extraordinary extent to which variation occasionally extends; and if, as we think possible, the individual peculiarities were capable of propagation, we may yet be able to point to the origin of what may hereafter be fairly classified as a new species.

THE NEW BIRMINGHAM SCHOOL.—The following appointments were made by the Council of Queen's College, Birmingham, on Tuesday last:—Medicine: Prof. James Russell, Physician to the General Hospital; Prof. B. W. Foster, Physician to the Queen's Hospital. Surgery: Prof. Oliver Pemberton, Surgeon to the General Hospital; Prof. Furneaux Jordan, Surgeon to the Queen's Hospital. Anatomy: Prof. C. J. Bracey, Surgeon to the Children's Hospital; Prof. W. P. Goodall. Chemistry: Prof. Alfred Hill, Borough analyst. Physiology: Prof. Norris, M.D.; Prof. J. H. Bartlett, Surgeon to the General Hospital. Midwifery: Prof. John Clay; Prof. John Bassett. Forensic Medicine and Toxicology: Prof. Thomas Swain; Prof. Alfred Hill. Materia Medica: Prof. J. St. S. Wilders, Surgeon to the Queen's Hospital; Prof. E. Mackey. Practical Chemistry: Prof. Alfred Anderson. Botany: Prof. William Hinds. Comparative Anatomy: Prof. Thos. Savage. Clinical Midwifery and Diseases of Women: Prof. Samuel Berry. Diseases of Children: Prof. E. C. R. Jordan, Physician to the Children's Hospital. Ophthalmic Surgery: Prof. J. Vose Solomon. Dental Surgery: Prof. Thos. Howkins. Demonstrations in Anatomy: James Hinds; William Thomas. Medical Tutor: James Hinds. The list is a very satisfactory one.

A HALF-YEARLY Compendium of Medical Sciences has made its appearance in America, under the editorship of Drs. Butler and Brinton, and published at Philadelphia. It is based upon a plan similar to that adopted in the "Half-yearly Abstract" published in our own country. The principal journals of Europe are laid under contribution, and there is a good deal of American news also to be found in it.

MEDICAL APPOINTMENTS.

T. C. BAILEY, L.R.C.P.Ed., has been appointed Medical Officer for the Welden District of the Oundle Union, Northamptonshire, vice J. Crew, M.R.C.S.E., resigned.

G. BARNES, L.R.C.P.Ed., has been appointed Medical Officer for District No. 5 of the Axbridge Union, Somersetshire, vice F. Waghorn, M.D.

A. W. BENNETT, M.A., F.L.S., has been appointed Lecturer on Botany at the Westminster Hospital Medical School.

F. A. BULLEY, F.R.C.S.E., has been appointed Consulting Surgeon to the Royal Berkshire Hospital, Reading, on resigning as Surgeon.

H. CASS, M.R.C.S.E., has been appointed an Hon. Medical Officer of the Royal Pimlico Dispensary, vice J. Tatham, M.D., resigned.

T. CURRIE, L.R.C.P.Ed., L.R.C.S.Ed., of Amble, has been appointed Medical Officer for the Warkworth District of the Alnwick Union, vice Dr. Turnbull, resigned.

Dr. GARRETT has been appointed a House-Physician to St. Bartholomew's Hospital.

G. GREGSON, M.R.C.S.E., L.D.S., has been appointed Dental Surgeon to the Dental Hospital of London, vice J. Tomes, M.R.C.S.E., resigned.

Dr. HARRIES, of Pembroke-dock, has been appointed a Consulting Physician to the Pembrokeshire and Haverfordwest Infirmary.

T. W. HASLEHURST, M.R.C.S.E., has been appointed Medical Officer for the Pattingham District of the Seisdon Union, Staffordshire, vice H. Inswell, M.D., deceased.

J. A. HEDGES, M.R.C.S., has been elected House-Surgeon to the Bucks General Infirmary at Aylesbury, vice W. L. Nash, resigned.

J. H. HOOPER, M.B., has been appointed a Consulting Physician to the Pembrokeshire and Haverfordwest Infirmary.

R. JONES, M.D., has been appointed a Medical Officer of Health to the Newton and Llanllwchairn Local Board.

E. S. JOTHAM, M.R.C.S.E., has been appointed House-Surgeon to the Chorlton-upon-Medlock, Rusholme, and Moss-side Dispensary, vice J. T. Caldwell, M.R.C.S.E., resigned.

Dr. M. O'M. KNOTT has been appointed Medical Officer for the Workhouse and No. 1 District of the Northleach Union, Gloucestershire, also Public Vaccinator, vice J. R. Bedwell, resigned.

E. F. LANE, L.D.S. R.C.S.E., has been appointed Assistant Dental Surgeon to the Dental Hospital of London, vice A. Coleman, L.R.C.P.I., promoted.

J. LEATHEM, M.D., has been appointed Second Medical Officer to the Kilkeel Dispensary District of the Kilkeel Union, Co. Down.

P. MASON, F.R.C.S., has been appointed Surgeon to the Royal Hospital for Diseases of the Chest, City-road.

O. C. MAURICE, M.R.C.S.E., has been appointed Surgeon to the Royal Berkshire Hospital, Reading, vice Bulley, resigned.

A. C. MAYBURY, B.Sc. Lond., M.R.C.S.E., has been appointed Resident Medical Officer and Secretary to the Chelsea, Brompton, and Belgrave Dispensary, vice A. S. May, M.R.C.S.E., resigned.

R. ORR, M.D., has been appointed Medical Officer for the 12th District of the City Parish of Glasgow, vice J. Dougan, L.F.P. & S. Glas., resigned.

G. H. ORTON, M.B., has been appointed Junior House-Surgeon to the Royal Infirmary, Liverpool, vice T. Baron, M.R.C.S.E., resigned.

Mr. J. C. SAVERY has been appointed Medical Officer for the Hollington District of the Battle Union, Sussex.

J. SLEVIN, L.K.Q.C.P.I., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Killashee Dispensary District of the Longford Union, County Longford, vice E. M. Duffy, M.D., deceased.

R. S. SMITH, M.B., has been appointed Resident Medical Officer to the St. Pancras and Northern Dispensary, vice C. Berrell, M.B., appointed Assistant Medical Officer to the Northampton General Lunatic Asylum.

R. THORNE THORNE, M.B., M.R.C.P., has been appointed a Physician to the Royal Hospital for Diseases of the Chest, City-road.

J. WALLACE, M.D., has been appointed Surgeon to the Greenock Hospital and Infirmary, vice R. L. Allan, M.D., deceased.

G. WAYLEN, M.R.C.S.E., has been appointed Medical Visitor to the Fiddington House Lunatic Asylum, Wilts, vice Ronald Montgomery, M.R.C.S.E., deceased.

Dr. J. BUNNEY YEO has been appointed to the Lectureship in Animal Physiology in King's College (the department of the Evening Classes), vacated by the resignation of Dr. John Harley.

MILITARY AND NAVAL MEDICAL APPOINTMENTS.

J. E. BARKER, M.B., Assist.-Surgeon 62nd Foot, has been appointed Assist.-Surgeon 6th Dragoons, vice Jessop, promoted on the Staff.

W. R. BURKITT, L.R.C.S.I., Assist.-Surgeon 74th Foot, has been promoted to Staff Surgeon, vice Jackson, appointed to the 31st Foot.

J. CHIENE, M.D., has been appointed Assist.-Surgeon 1st City of Edinburgh Artillery Volunteer Corps, vice Hunter, promoted.

A. COOPER, M.R.C.S.E., Assistant-Surgeon, R.N., has been promoted to Surgeon.

F. T. FAGGE, L.R.C.P.L., has been appointed Assist.-Surgeon 4th Cinque Ports Rifle Volunteer Corps.

J. A. HUNTER, M.D., Assist.-Surgeon 1st City of Edinburgh Artillery Volunteer Corps, has been promoted to Surgeon, vice Burt, deceased.

C. M. JESSOP, M.R.C.S.E., Assist.-Surgeon 6th Dragoons, has been promoted to Staff Surgeon, vice Watts, appointed to the 19th Foot.

W. M'MAHON, M.D., Assistant-Surgeon R.N., has been appointed to the "Prince Consort."

H. MORGAN, M.D., has been appointed Hon. Assist.-Surgeon 24th Staffordshire Rifle Volunteer Corps.

G. B. NEWTON, Surgeon R.N., has been appointed to the "Rodney" (additional) for special service.

R. PURVIS, L.R.C.S.Ed., Assistant-Surgeon R.N., has been promoted to Surgeon.

W. S. RUSSELL, M.R.C.S.E., Assist.-Surgeon 3rd Administrative Battalion Lancashire Rifle Volunteers, has been promoted to Surgeon.

Births, Marriages, and Deaths.

BIRTHS.

On the 15th ult., at Khundwa, Central Provinces, India, the wife of Dr. J. M. Fleming, H.M.'s Bengal Army, Civil Surgeon, Nimar District, of a daughter.

On the 9th inst., the wife of Thomas Blunt, M.D., of St. Martins, Leicester, of a son.

On the 11th inst., at Ardwick-green, Manchester, the wife of W. H. Gregory, M.D., of a son.

On the 15th inst., at Finsbury-square, the wife of Geo. Lichtenberg, M.D., of a son.

MARRIAGES.

On the 9th inst., at Coventry, T. Standish, M.R.C.S.E., of West Bromwich, to Esther, daughter of the late Edward Spicer, Esq.

On the 14th inst., at Edinburgh, John Wm. Taylor, M.D., to Eliza Helen, daughter of the late J. H. Maxwell, Esq., C.B.

DEATHS.

On the 12th inst., at sea, on board the Peninsular and Oriental Co.'s Steamer "Nyanza," F. H. Watts, M.R.C.S.E., aged 30.

On the 14th inst., Wm. S. King, M.D., of Morley, Leeds, aged 44.

On the 14th inst., of typhus fever, W. M. A. Barnes, Surgeon, eldest son of the late John Barnes, Surgeon, formerly of Newcastle-upon-Tyne, aged 35.

On the 15th inst., Wm. F. Spofforth, M.R.C.S.E., of Lichfield.

On the 20th inst., at the Northumberland County Asylum, Cottingwood, Morpeth, Charles Anthony, the beloved son of Richard and Mary Wilson, aged 5 years.

Medical Diary of the Week.

Monday, April 27.

ST. MARK'S HOSPITAL.—Operations, 9 A.M. and 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
MEDICAL SOCIETY OF LONDON.—8 P.M. A New Uterine Speculum will be exhibited.—Mr. Henry Lee, "On a Case of Syphilis communicated to a Wet-Nurse, and on Vaccino-Syphilitic Inoculation."

Tuesday, April 28.

ROYAL FREE HOSPITAL.—Operations, 9 A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Dr. M. Foster, "On the Development of Animals."
ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8½ P.M. Dr. Douglas Powell, "On Tubercular Pneumothorax." — Sir G. D. Gibb: "Subglottic Gouty Disease of the Larynx."

Wednesday, April 29.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
OPHTHALMIC HOSPITAL, SOUTHWARK.—Operations, 2 P.M.

Thursday, April 30.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 1 P.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Odling, "On Chemical Combination."

Friday, May 1.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL INSTITUTION.—3 P.M. Annual Meeting.—8 P.M. Mr. F. T. Palgrave: "How to form Good Taste in Art."

Saturday, May 2.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Odling, "On Chemical Combination."

To Correspondents.

DR. PARKES'S VIEWS.

A Student of Medicine writes, approving Dr. Parkes's views, but suggesting other measures in the interest of students. First, domestic accommodation within the walls of the medical school, so as to favour the intercourse of students. Secondly, with regard to anatomical and surgical studies, he says: "In the medical schools of New York (three in number), for the small sum of five dollars, the student is provided with as many parts (injected) as he may think fit to dissect for the following twelve months; and for a further payment of another five dollars at his entrance on the second year, he receives a similar advantage, with the addition of perpetual for any period he may like to continue his dissections. In New York the students are, as a rule, diligent dissectors and operators on the cadaver, which privilege is governed by rules somewhat similar to the above. In Paris I have heard the regulations are not much unlike those of New York." Our correspondent complains that while the privileges of students in London are inferior to those of Paris and New York, their fees are more than double.

H. R.—Five shillings per mile; three or five guineas for the night attendance; five guineas for extra attendance.

Dr. Thomas Marsden Edwards will find the notice in THE LANCET of the 18th instant.

A DISTRESSING CASE.

To the Editor of THE LANCET.

SIR,—Would you, through the medium of your widely circulated journal, make known to the benevolent profession a most distressing case, which, I feel sure, only requires to be made known to meet with a generous response. It is that of a lady, sixty-two years of age, the daughter of a physician, once in affluent circumstances, but who has been, through a succession of misfortunes, reduced to the most abject and distressing poverty, barely subsisting on the generosity of a few, who are willing to do what they can, but who are totally unable to support her entirely.

Subscriptions would be thankfully received by the Rev. W. Pennefather, 63, Mildmay-park, N.; and by Dr. C. M. Miller, Claremont Villa, Stoke Newington-road, N.

Your obedient servant,
April, 1868. F. M. M.

METROPOLITAN WATER-SUPPLY.

Mr. J. Bailey Denton, in a letter to *The Times*, says that those who have observed the character and amount of the rainfall of the past winter, and are watching its effect upon our rivers and springs, will feel themselves justified in predicting a reduced summer supply of water for domestic use; and lest this probable occurrence may be adduced as proof of the insufficiency of the Thames and its tributaries as sources of supply to the metropolis, Mr. Denton again urges the plan of storage of surplus water as originally suggested by him. The main object proposed is the compulsory and immediate storage of the surplus waters of the upper Thames and tributaries when in a proper condition to be collected, either through an intermediate medium, or by the Water Companies themselves. The mean rainfall in the Thames basin during the past winter is estimated at 1¼ inch below the average; but in January there were heavy rains, of which a large proportion passed away to the sea, or covered the valleys in floods, and it is this surplus water which Mr. Denton contends should have been stored to render us free of the deficiency which declining springs and reduced streams already foretell.

Anti-Quack.—What proof is there of the identity of the two persons? The appearance of the advertisements in the same column is suspicious, but is not in any way conclusive. If proof be forthcoming, the Medical Council should be appealed to, and they would be bound immediately to take action in the matter.

HOW CONTAGIOUS DISEASES SPREAD.

To the Editor of THE LANCET.

SIR,—Having seen in *The Times* of the 14th instant a letter alluding to an article which appeared in your columns on "How Scarlet Fever spreads," I take the liberty of sending you a few lines on "How Small-pox spreads," having myself been one of the victims.

I was successfully vaccinated in infancy; but, as my parents had a great horror of small-pox, I was several times revaccinated between my thirteenth and my twentieth years, but always without effect. I was in good health, and aged about twenty-two, when an open vehicle in which I was driving was one day stopped by a poor woman, who asked me for alms, saying her children were ill with what she called chicken-pock, perhaps in order not to excite my fears. I threw some money on the ground to her, and drove on immediately; but on my way home, about an hour and a half afterwards, I was seized with shivering fits and with pains in my legs, and within forty-eight hours I had what my medical attendant pronounced to be regular small-pox all over my body. I had fewer spots on my face than on other parts, or I might have been frightfully disfigured for life; and if I had been a weakly person, instead of having a most healthy, vigorous constitution, I might have died.

Now, if the infection can be conveyed in such a manner, how dangerous must it be to be brought into immediate contact with persons just recovering from small-pox, than which I believe there is no time when the disease is more likely to be communicated?

It was stated in *The Times*, in an article on the "Abolition of Churchrates," that grievances and abuses had been done away with so rapidly of late that some honourable members would soon be quite at a loss to find any to give them occupation. So I beg to call attention to one of a most serious character.

I reside in one of the healthiest rural districts in England; but small-pox has been prevalent in it for the last two years, and, to my horror, I frequently see out in the streets of a little country town children with spots of small-pox at such a stage as to show that more than ten days can hardly have elapsed since these spots first appeared. How much longer will the public tolerate this?

I beg also to suggest that the bodies of persons who have died of small-pox or of other infectious diseases should not be taken into country parish churches to have part of the burial service read. A friend of mine took small-pox from having attended in the evening a church into which the remains of a person who died of that disease had been carried on the morning of that day.

Unfortunately the dead, the dying, and the other sick, with their sensitive relations, are too often deemed, practically, the only parties worthy of consideration when there is danger of infection; and rather than cause the slightest annoyance or inconvenience when there is death or sickness, not only the health and the daily bread, but the lives of other people and their families are risked.

Your obedient servant,

Amersham, Berks, April 16th, 1868. A CURATE'S WIFE.

J. J. S. inquires whether Dr. Lankester has taken any steps "to prevent a repetition of the disgraceful and inhuman treatment as given to the poor young woman, Margaret Jackson, who, having been run over by a Hansom cab, and three of her ribs fractured, was, though in her seventh month of pregnancy, taken to the hospital, *walked* up and down the ward, and then sent home in a cab, and died shortly after from laceration of the lungs consequent upon fracture of the ribs."

Mr. Garrington.—Thanks.

T. C. T.—We cannot recommend the person named. The "instrument" is not only useless, but injurious.

Dr. Charles Taylor, (Nottingham.)—The report is in type, and will probably appear next week.

Mr. Michael Ready, (Bootle.)—Surely it is not necessary to notice the observations made by Mr. S. seriously. Mr. Ready can afford, we should think, to treat it with indifference.

O. J. O. must send his name and address, and he shall receive the information he requires.

VACCINATION ACT, 1867.

To the Editor of THE LANCET.

SIR,—Having had an opportunity of seeing the vaccination register of one of the largest districts in the metropolis, I have no hesitation in saying that if prompt action be not taken by the Boards of Guardians or the Privy Council, the registration of vaccination will be a failure. The number of unreturned certificates to the register, now overdue, is very large.

Your obedient servant,

April 22nd, 1868. Z.

THE COBRA POISON.

Dr. Shortt has recently explained in a very satisfactory manner how it happens that the most inert substances have come to be regarded as possessing antidotal properties against the action of the cobra poison. The snake-charmers, the moment they capture a cobra, extract his fangs, and often cut out the poison gland. The fangs are often reproduced, and a snake under these circumstances may bite and draw blood even, and yet not eject poison. Dr. Shortt saw a snake recently at Malabar, and found a small cicatrix at the base and a little beyond the fangs, and a more careful examination discovered that the poison gland had been removed. This operation was done once a month, the fangs being left unmolested. One can readily imagine how remedies applied to wounds inflicted by such a snake would be thought to possess special preservative powers. In a letter to the *Madras Times*, Dr. Shortt refers to some experiments with strychnine, as follows:—

"I inoculated a dog with a small quantity of the cobra poison, and Dr. Nash injected hypodermically a solution of sulphate of strychnine, 1-30th of a grain. This was done almost immediately after the inoculation by the poison, and Dr. Nash continued his treatment throughout; and when I left the place some twenty-four or thirty hours after, the animal was alive. From first to last there was no evidence of the action of the poison. Dr. Nash says that the dog was ill during the night, and I believe the animal is still alive. It was Dr. Nash who suggested the use of strychnine originally, and it fully deserves further trial, as the action of the cobra poison is exactly the reverse of that of strychnine. It is possible that strychnine may possess antidotal properties for the cobra poison worth discovering. Dr. Nash hopes to make further trials, and I hope to be able to do so myself soon."

A Fellow of the College.—There are several blunders in the paragraph. The number of Hunterian lectures is 24, and not 21. Mr. Birkett did not vote as stated, but exactly in the contrary way. The information about the copying-press is excellent. No doubt the machine will occupy some of the spare time of the officials, and will be used to advantage in adding to the archives of the College.

Mr. Ewens.—Dr. Gairdner's pamphlet may, doubtless, be had from Bryce, bookseller, Buchanan-street, Glasgow. Mr. Ewen's paper has been duly received.

MEDICAL CHARGES.

To the Editor of THE LANCET.

SIR,—I have often hoped to see the question of medical charges discussed in your valuable journal, more especially for country practitioners; for perhaps there is nothing so puzzling to the young country surgeon as to know how to charge, so that he may feel he is doing justice to himself and his patients. I have drawn up a sliding scale of charges, which I feel is very imperfect. At the same time it would be a source of great satisfaction to myself, and I have no doubt many of your readers, if some of the older members of the profession would give us their opinions on the enclosed scale, or, if not approved of, substitute another, and so oblige,

Your obedient servant,

April 14th, 1868. JUSTITIA.

——	Gentry and better class of Tradesmen.	Small Shopkeepers.	Labouring and Artisan Class.	Remarks.
	£ s. d.	s. d.	s. d.	
Visits in town	0 4 0	3 0	2 6	These visits include all medicines.
Night	0 7 6	5 0	4 0	
Country journeys under 2 miles	0 5 0	4 0	3 0	Night visits from 9 P.M. to 8 A.M.
Night	0 10 6	7 6	5 0	
Above 2 miles & under 6	0 7 6	5 0	4 0	Charges for midwifery and surgical operations must be discretionary.
Night	0 15 0	10 6	7 0	
Above 5 miles & under 10	0 10 6	7 6	5 0	
Night	1 1 0	15 0	10 0	
Advice at surgery	0 3 0	2 6	2 0	

THE ACCIDENT INSURANCE COMPANY.

THE amount of injury to life and limb by simple accident, ganged only by the transactions of the Accident Insurance Company, is very startling. During the past year some 1500 claims were made upon the Company for compensation by those who held policies and received accidental hurts. It is calculated upon very good data that 2,000,000 individuals, or one in every ten of the population, receive some injury each year from accidental causes; of these, 10,000 are killed, or die from the direct effects of the injury. This, if no other reason were forthcoming, should suffice to determine people to make some provision against casualties, to which every one of us is liable.

Mr. Alfred Fleischmann, of Cheltenham, has sent us a letter in reference to a communication of Dr. Fox which appeared in our columns of last week. Mr. Fleischmann says: "I must entirely relieve him (the Editor of the *British Medical Journal*) from the suspicion of any attack upon myself." Mr. Fleischmann adds that he has the Editor's "own assurance that the words quoted by Dr. Fox had not the least application to my case." We beg to call Mr. Fleischmann's attention to a letter from Dr. Fox in another part of our impression of this day, and to refer him in regard to the other matter touched upon in his letter, to THE LANCET of October 5th, 1867, p. 443; October 19th, 1867, p. 501; and October 26th, 1867, p. 527.

Viridis.—Such Clubs are in general objectionable; but the rules forwarded to us are not worse than others of the kind.

Barnsley.—Mr. Stewart's advertisement in the *Barnsley Chronicle* is offensive to good taste.

Argus, (Walworth.)—The "Shilling Dispensary" established in the Walworth-road is scarcely worthy of the serious comments of our correspondent.

DR. COLLINS AND VACCINATION.

GREAT is the power of boredom. Let a man only have obstinacy sufficiently pertinacious, he may go on reiterating almost any ridiculous or mischievous statement, till at last some people will even profess to acquiesce in his views in order to lead a quiet life. Something of this kind is the explanation of Dr. Collins finding an occasional listener, who professes to be edified by his farrago about the evils of vaccination. The last new idea which he has started is that, as tubercle is inoculable, our children are constantly having the seeds of phthisis sown in them by the process of vaccination, and that this is the reason why so many of our fellow-creatures have of late years fallen victims to consumption. We suppose it is of no use reminding Dr. Collins and his friends that the mortality from phthisis is not increasing, but diminishing in this country, contemporaneously with the increased stringency of vaccination. When the facts of a case have the misfortune to make against the theory of a man like Dr. Collins, why so much the worse for the facts!

Dr. J. B. Gill (Dover) will obtain the desired information by applying to the Medical Department of the Privy Council. The largeness of the circulation will not admit of the edges of the journal being cut.

THE MEDICAL BENEVOLENT COLLEGE.

To the Editor of THE LANCET.

SIR,—In addition to what your correspondent of last week mentioned concerning the Propert memorial, I think that both parties are too sanguine about getting the thing done quickly. In one of the circulars sent to me there was a wish expressed that an organ chamber, &c., should be built before next Founder's day. Now, I think they are not giving themselves enough time. There are many little things (unforeseen at first) which rise up and hinder when one is restricted to time. But even if it were completed before Founder's day, surely the memorial is not to end there! I think an appeal to the profession generally (as suggested by your correspondent) would be answered liberally and willingly. It occurred to me that if the visitors to the College on Founder's day were asked to subscribe towards it, they would "come out" more handsomely than is supposed. I know for a fact that many visitors have gone prepared to give for different purposes if asked, and I am sure they would give only too readily towards the memorial now in hand.

I remember when the "Albert" window was projected, a great many people expected that a plate or something would be handed round in the schoolroom for subscriptions, but no such thing; and the affair was at a stand-still for a long time (it may be so now), with only four out of eight lights in the window, all for the want of asking.

It would be only right to have a statue of the "Founder of Epsom College" somewhere in the grounds—say in front of the residents' houses,—or one in the school-room, or both.

Of course I do not mean to give up the scholarship and organ; but money would, in my opinion, be raised sufficient for all in the manner I have suggested. The Committee, dismitted as it now is, will not get the support needed.

I, with others, rather expected an opinion from yourself on the subject.

I am, Sir, yours obediently,

April 20th, 1868. AN OLD EPSOMIAN.

L.R.C.P. Edin.—The medical referee of a Life Assurance Office cannot be sued for damages in consequence of a simple mistake in judgment. If a person whose life is assured dies a short time afterwards from a disease that was not detectable at the time of effecting his insurance, the medical referee is not to blame. The case in point shows the importance of Life Assurance Companies obtaining an account of the proposed insurer's state of health from his ordinary medical attendant. If anyone is to blame in the case under consideration, it is the Directors of the Company, if they failed to obtain the information.

Enquirer.—A licentiate of the Faculty of Physicians and Surgeons of Glasgow can legally style himself "surgeon." The licence is regarded by the Poor-law Board as a surgical qualification.

Verb. Sap.—Be good enough to send a copy of the report.

Mr. A. R. Oliver.—It is contrary to our custom to make such an announcement. It may, however, with propriety be mentioned in one of the articles, which we shall be glad to receive.

Reading Dispensary.—A dispenser who does not possess a medical or surgical qualification ought not to be placed on the "medical staff."

HOME-MADE BREAD.

To the Editor of THE LANCET.

SIR,—In your impression of the 4th inst., "Paterfamilias" makes inquiry for the best method of making bread without yeast, and the proportion of ingredients used in the process. I submit the following, which gives satisfaction to many:—Take of flour, three pounds; Howard's bicarbonate of soda, nine drachms; hydrochloric acid (sp. gr. 1·16), eleven drachms and a half; water, about twenty-five fluid ounces. Mix the soda with the flour, and add the acid to the water.

Brown Bread.—Wheat-meal, three pounds; Howard's bicarbonate of soda, ten drachms; hydrochloric acid (sp. gr. 1·16), twelve drachms and a half; water, twenty-eight fluid ounces. Mix as above.

It may be remarked that the acid and soda form common salt in sufficient quantity for the bread.

Yours, &c.,

Bexley, N.B., April 9th, 1868. ARAN MATH.

To the Editor of THE LANCET.

SIR,—The wart expressed by your correspondent, "S. R.," in your issue of the 14th ult., of a good method of producing bread without fermentation, is so generally felt that I have no hesitation in recommending her to try an elegant preparation which was introduced to me as "M'Dougall's Patent Phosphatic Yeast Substitute." I find by its use a most palatable and wholesome bread is obtained, and at the same time the phosphates, which are removed from the flour, in the bran and sharps in milling, and which are of such importance in dietary, are restored. As I believe it is not sold in many shops, I give the address of the manufacturer's depôt—viz., 11, Arthur-street West, London-bridge.

Yours obediently,

Frederick-crescent, Brixton, April 10th, 1868. JOSEPH MOORE.

TOTTENHAM FREE HOSPITAL.

Mr. Barnes and Mr. Emanuel May.—As Dr. Laseron has withdrawn his name as one of the medical staff of the Bethesda Free Hospital, we think it desirable not to publish the correspondence between the above gentlemen and Dr. Hooper May. No doubt, so long as Dr. Laseron's name was associated with those of the other medical officers of the hospital, the staff could not act in unison. There is nothing in common between homœopathy and regular medicine. We think, therefore, that Messrs. Barnes and May have done some good service in calling attention to the staff of the new hospital, which has resulted in the withdrawal of Dr. Laseron's name.

Sheffield.—That "the eight gentlemen supported by the Anti-Compulsory Vaccination Committee have been elected to fill the office of guardians by an overwhelming majority" is not a subject of congratulation, but of regret to those who understand the question.

THE papers of Dr. Stone, Dr. M. Bacon, Dr. Day, and Dr. Hawksley are in type, and will probably appear in our next impression.

Mr. Hein is thanked.

M.R.C.S. will find the subject noticed in another column.

IODINE AN ANTIDOTE TO STRYCHNINE.

To the Editor of THE LANCET.

SIR,—On reading Dr. Fuller's article on the precipitation of strychnia, when in solution, by the tincture of iodine, I felt sure that I had not only read of that before, but had also read an account of a case of poisoning by strychnia having been successfully treated by iodine.

In Guy's "Forensic Medicine," page 494, it is stated that iodine and iodide of potassium, in solution together, form a valuable test for the alkaloids as a class, and for strychnia in particular, producing in solutions containing strychnia an abundant yellowish or reddish-brown precipitate, partly amorphous, partly crystalline.

In the "New Sydenham Society's Year-Book of Medicine and Surgery" for 1859 is an epitome of a case of poisoning by strychnia, successfully treated with tincture of iodine, by Bennett, after emetics had failed. The same case is more fully described in THE LANCET of that year (vol. ii., p. 434).

Yours faithfully,

Whitehaven, April 11th, 1868. EDW. ABLETT.

To the Editor of THE LANCET.

SIR,—If your readers will turn to THE LANCET for 1866, vol. i., p. 249, they will there find the following account of iodine and the alkaloids by Dr. Brown-Séquard, "On Antagonism between Certain Remedies":—"Bouchardat has shown that almost all, and perhaps all, the known alkaloids are precipitated by the iodide of potassium combined with iodine."

I am, Sir, your obedient servant,

April 9th, 1868. HOUSE-SURGEON.

COMMUNICATIONS, LETTERS, &c., have been received from—Sir H. Thompson; Prof. Parkes, Southampton; Mr. Haynes Walton; Dr. Headlam Greenhow; Mr. Gamgee; Mr. Stevens; Mr. Miller, Stoke Newington; Dr. R. Wilson, Morpeth; Mr. C. Kemp; Mr. Barnes, Liverpool; Mr. Warrener, Croydon; Dr. Theodore Williams; Mr. Wills; Dr. T. F. Hopkins, Chipping Norton; Mr. Hamilton; Mr. Garrington, Southsea; Mr. M. Simms; Mr. Maunder; Dr. Jennings, Eastry; Mr. Poole; Mr. Johnston; Dr. M'Gregor, Penrith; Dr. Archer, King's Lynn; Dr. Barnes, Carlisle; Dr. Muspratt; Dr. Taylor; Mr. Lloyd, Peterborough; Dr. Oliver, Newcastle; Mr. Gay; Dr. Yeld, Sunderland; Mr. Gibb; Dr. Evans; Mr. Wild; Dr. Gill, Dover; Mr. R. Wood; Mr. Cooper; Mr. M'Clegan; Surgeon-Major Wyatt; Mr. Martin, Ipswich; Dr. Nicholson, Eton; Mr. Morris, Ellesmere; Dr. Hatchett; Mr. Slater, Ripon; Mr. Hedley; Mr. Mather, Fairthorn; Mr. Wilson; Mr. S. Thorp; Dr. Orton, Liverpool; Mr. J. Moore; Dr. Heaton; Dr. Newhouse, Birmingham; Mr. Raper; Mr. Wilmer; Mr. Hedges, Farnham; Dr. Birch, Harrold; Dr. M'Kinnell; Dr. Kendall, King's Lynn; Mr. Stansfeld; Mr. Chapman; Mr. Morgan, Oxford; Dr. Porteous, Liverpool; Dr. Maudsley; Dr. Currie, Amble; Dr. Court, Staveley; Mr. Hole; Dr. Bacon, Fulbourn; Mr. Munro, Liverpool; Dr. Shortt, Madras; Dr. Edwards; Mr. Jordeson, Hornchurch; Dr. Herapath, Bristol; Mr. Thomas, Canton; Mr. Betts; Mr. Bimmel; Mr. Land; Dr. Jones, Brackley; Mr. Ryley; Dr. Heim, Rugby; Dr. Ewens, Blandford; Dr. Marsden; Dr. Fairman, Hanley; Dr. Barr Meadows; Mr. Howard, New Buckenham; Dr. Rose, Kidderminster; Mrs. Carleton, Bath; Mr. Waller, Cardiff; Mr. Graham; Mr. Fleischmann, Cheltenham; Dr. Beveridge; Dr. Fleming; Dr. Jubb, Halifax; Mr. Yeo; Mr. Gramshaw, Saxmundham; Dr. Lister, Ashton; Dr. Badcock, Brighton; Dr. Dudfield; Mr. Davidson, Wandsworth; Dr. Kidd; Dr. Nelson, Glasgow; Mr. Gosden; Dr. Davies, Denbigh; Mr. Loe; Dr. Rae, Fettercairn; Dr. Penfold, Poplar; Mr. Nixon; Mr. Bedwell, Northleach; Mr. Parr; Mr. Belton, Ormskirk; Dr. Jackson, Sheffield; Mr. Heine, Lichfield; Mr. Martin, Little Hulton; Mr. Roland; Dr. Bullock, Warwick; Mr. Evers; Dr. Barron; Mr. Pettitt; Dr. Thomas, Glasgow; Mr. Parker; Dr. Pughe, Mackynulleth; Dr. Grant, Alderney; Mr. Whitford; Mr. Flockton, Snettisham; Mr. Harris; Dr. Brice; Mr. Aspinall; Mr. Underhill; Mr. Weaver; Mr. Bradford; Mr. Oxham; Mr. Coates; The Secretary of the Newspaper Press Fund; Another L.S.A.; A Curate's Wife; A. B.; The Secretary of the Medical Society of London; The Master and Warden of the Apothecaries' Company; L.R.C.P. Edin.; Z.; A Young Practitioner; W. K. S.; Argus; Lex; B.; An Old Epsomian; A. B.; R. C.; The Naval Medical Supplemental Fund; Subscriber; J. J. S.; The Architectural Society; W. W.; A Student of Medicine; Anti-Quack; S. C. J.; Delta; Enquirer; O. J. O.; L. and W.; Medicus; M.R.C.S.; &c.

THE *Brighton Gazette*, the *Madras Times*, the *Glasgow Herald*, the *Berkshire Chronicle*, the *Newcastle Daily Journal*, the *Birmingham Gazette*, the *Melbourne Age*, the *Photographic Journal*, the *Bridlington Free Press*, the *Morning Advertiser*, the *United Service Gazette*, the *Tower Hamlets Express*, the *Barnsley Chronicle*, the *Southport Visitor*, the *Liverpool Albion*, and *Bell's Life* have been received.